

LEICESTERSHIRE COUNTY COUNCIL



ANNUAL REPORT

OF THE

COUNTY MEDICAL
OFFICER OF HEALTH
for the Year 1947

J. A. FAIRER, M.D., D.P.H.,
COUNTY MEDICAL OFFICER OF HEALTH

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County Health Department,
17, Friar Lane,
Leicester.

18th July, 1948.

Mr. Chairman, Ladies, and Gentlemen,

As I am due to retire at the end of this year, this will be the last annual report on the health of the county to appear under my name. I therefore submit this report with mixed feelings: with satisfaction in the fact that it is a record of good, sound, achievement; and with sadness that it is a step nearer the end of my active career in your service.

The year 1947 was remarkable for its unusual weather; severe winter weather in the early part of the year, widespread floods in the spring, a long hot dry summer, and heavy rain in the late months of the year. These extremes of heat and cold, drought and rainfall, seem to have affected some of the health statistics for the year. For instance, in children under 12 months of age—deaths from pneumonia, prematurity, and infant diarrhoea showed an increase over the previous year; while deaths of all ages showed an increase in pneumonia and phthisis. In addition, there was an epidemic of poliomyelitis during the period July to November.

The Registrar General returned a mid-year population figure of 327,330, the highest peace-time figure recorded. Total live births were 6,948, the highest number recorded.

Deaths from causes affecting middle life (cancer) and late life (breakdowns in the circulatory system) accounted for nearly 60% of the total deaths.

Short general comments are as follows:—

In April the Ministry of Health's scheme for Emergency Maternity Units came to a close.

Public attention was focused on the manufacture and sale of ice-cream, and steps were taken to formulate standards for the promotion of cleanliness in this trade.

The demand on Day Nurseries continued, and these seem to have secured a permanent place in the social services.

Immunisation against diphtheria continued to prove its worth—there was only one death recorded, that of a woman over 45 years of age.

Maternal mortality showed a satisfactory rate, but failed to maintain the low level death rate of the previous three years.

There was still difficulty in recruiting nursing staff, but there were signs that the position may improve.

It will be agreed that the results of the year are entirely satisfactory, and I would like to tender my thanks to the Committee, and to the members of my Staff for help given during the year. Especially would I thank members of my Staff for help in the preparation of this report. Owing to congestion in the office and to pressure of affairs, much of the arduous and detailed work necessary has been done out of normal office hours.

1947 has been a year of preparation for "the appointed day" in 1948 when the National Health Service Act, 1946, comes into operation. No mention of the very considerable amount of work involved in the preparation of the various schemes has been made in this year's report, nor is there any discussion on the very considerable alteration caused in the Health Services in the County—this can be left to the 1948 report.

Finally, I feel that a review of the period during which I have been County Medical Officer of Health would be of great interest in showing how times have changed, and I have accordingly included a short review separately in this report under the title of "Twenty-Two Years as County Medical Officer of Health."

I have the honour to be,

Your obedient Servant,

J. A. FAIRER,
County Medical Officer of Health.

THE COUNTY PUBLIC HEALTH AND HOUSING COMMITTEE,
1947.

J. T. FORSELL, Esq. (*Chairman*).

BLACK, J. W.	MAWBY, G. H.
COOK, J. S.	NOEL, Mrs. I. B. B.
FULLER, B.	POCHIN, V. R. (<i>ex-officio</i>)
HARRIS, R.	PRATT, J.
HARVEY, L. W.	PRESTON, P. L.
HOLMES, J. H. (<i>Vice-Chairman</i>).	PRICE, J. W.
HUGHES, J.	TANDY, E. W.
ILLSON, E. H.	WARNER, Mrs. E. M.
KEAY, Mrs. M. E.	WILEMAN, W. A.
KING, M.	WILKINSON, T. P.
MARSH, Mrs. A. G.	WILLETT, F.
MARTIN, Lt.-Col. SIR ROBERT,	
C.M.G. (<i>ex-officio</i>)	

MATERNITY AND CHILD WELFARE COMMITTEE.

This Committee consisted of all the members of the Public Health and Housing Committee with the addition of the following ladies:—

Mrs. B. EVERARD.	Mrs. L. A. SPENCER.
Hon. LADY MARTIN.	Mrs. C. M. VICE.

STAFF OF THE PUBLIC HEALTH DEPARTMENT.

County Medical Officer:

School Medical Officer:

Administrative Officer for Tuberculosis, and Maternity and Child Welfare:

J. A. FAIRER, M.D., D.P.H.

Deputy Council Medical Officer:

Deputy School Medical Officer:

A. A. LISNEY, M.A., M.D., L.M., D.P.H. (*resigned 30/6/47*).

G. H. GIBSON, M.B., Ch.B., D.P.H. (*appointed 1/9/47*).

Assistant County Medical Officer:

Senior Assistant School Medical Officer:

(also Acting Medical Officer of Health to the Oadby and Wigston Urban District Councils).

A. E. MARTIN, M.D., D.P.H. (*resigned 14/4/47*).

J. R. BYARS, M.B., Ch.B., D.P.H. (*appointed 7/7/47*).

Assistant County Medical Officer:

Assistant School Medical Officer:

(also Medical Officer of Health to Barrow-on-Soar Rural District Council):

I. B. LAWRENCE, B.Sc., M.B., Ch.B., D.P.H.

Chief Tuberculosis Officer:

N. A. COWARD, O.B.E., M.D., D.P.H.

Tuberculosis Medical Officer:

S. W. LANE, M.B., B.S.

Assistant School Medical Officers:

Assistant Maternity and Child Welfare Officers:

MARY E. WESTON, M.B., B.S.

MARGARET O. CRUICKSHANK, M.A., M.R.C.S., L.R.C.P.

Assistant Maternity and Child Welfare Officer:

School Oculist:

CONSTANCE WALTERS, B.Sc., M.B., Ch.B.

STAFF—continued.

Assistant School Medical Officer:

S. E. MURRAY, M.B., B.S.

Medical Superintendent County Sanatorium and Isolation Hospital:

H. SELBY, M.B., B.S.

Assistant Resident Medical Officers, County Sanatorium and Isolation Hospital:

H. STRANZ, M.D. (Breslau).

J. J. T. MORRISON, M.B., Ch.B., D.P.H. (*resigned 8/1/47*).T. J. FAHY, M.B., Ch.B. (*appointed 29/1/47, resigned 31/8/47*).D. LEAHY, M.B., Ch.B., D.P.H. (*appointed 1/9/47*).

Chief Dental Surgeon:

P. ASHTON, L.D.S.

Assistant Dental Surgeons:

A. E. WARD, L.D.S.

C. L. R. McLELLAN, L.D.S.

D. R. A. WILCOX, L.D.S.

A. RODGER, L.D.S. (*resigned 31/8/47*).

W. G. CAMPBELL, L.D.S.

D. B. OWEN, L.D.S. (*resigned 30/4/47*).

M. SMITH, L.D.S.

J. W. STEER, L.D.S. (*appointed 1/5/47*).

County Sanitary Officer:

W. W. BAUM, M.B.E., F.R.San.I., F.S.I.A.

Assistant County Sanitary Officers:

E. F. RODWELL, Cert.S.I.B., M.S.I.A.

W. PEMBLETON, Cert.S.I.B., M.R.San.I., M.S.I.A.

Health Visitors:

*Miss G. I. CARRYER (*Superintendent*).

*Miss A. ADDY.

*Miss A. HORNSBY (*appointed 1/10/47*).

*Miss J. A. ANDERSON.

*Miss K. M. KNIGHT (*appointed 2/6/47*).

Mrs. A. D. ANTROBUS.

*Miss N. MADIN.

*Miss E. S. BONSER.

*Mrs. C. E. M. MASON (*resigned 20/2/47*).

Mrs. S. J. BOURNE.

*Miss K. McDONAGH.

*Mrs. G. E. COULSON.

*Miss G. McILRATH.

*Miss O. DEYKIN

*Mrs. A. M. McNAB

(*appointed 24/11/47*).(*appointed 14/4/47, resigned 30/6/47*).

*Miss E. Y. FEAKIN.

*Miss M. J. PATERSON.

*Mrs. S. T. GRATELEY

*Miss S. M. PEARCE.

(*appointed 1/7/47*).

*Miss W. C. PORTER.

*Miss M. E. L. HALL.

*Miss E. ROBINSON (*appointed 1/5/47*).

*Miss D. M. HILL.

Miss E. H. SEABROOK.

*Miss M. L. HILL.

Miss W. A. SIMMONS.

All are State Registered Nurses and hold the Certificate of the Central Midwives Board, and those marked * have the Health Visitors' Certificate (Ministry of Health).

County Council Whole-time Midwives:

Mrs. D. E. ALLEN.

Miss H. MELODY (*appointed 1/6/47*).

Miss K. BATEMAN.

Miss E. M. McCLELLAND.

Miss A. CONCANNON

Miss B. M. MANTON (*resigned 31/12/47*).(*resigned 28/3/47*).Mrs. H. MOTTRAM (*appointed 9/6/47*).

Mrs. H. G. DELLER.

Mrs. W. J. TOMLINSON.

Mrs. E. E. HOLMES.

Mrs. L. G. WESLEY.

Miss A. S. KINSON.

TWENTY-TWO YEARS AS COUNTY MEDICAL OFFICER OF HEALTH.

As from 1st October, 1926, I was appointed County Medical Officer of Health for Leicestershire. I took over a position which had already acquired a tradition of determination and awareness of future progress.

My predecessor, Dr. T. Robinson, was the first Medical Officer of Health appointed for this County. I worked under him as his Assistant and was well aware of his ability and determination to forward the cause of public health in every sphere in which he could make his influence felt.

Looking back, it appears that his was the duty of introducing public health to this County. It was a difficult task as public health was a new venture, and there were many opponents even among those who should have helped rather than hindered. In those days the first question was "How much will it cost?" This has for long been a real problem and the proper answer is not in pounds, shillings, and pence; but in lives saved, and in general reduction of disease and its unhappy consequences. To quote only two statistics, they may aptly be:—

1. The death tables show that twenty-two years ago the average age at death was 52 years; now it is 61 years.
2. Only 44% of the total deaths were of people aged 65 years and over; now it is over 60%.

When Dr. Robinson resigned, he included in his annual report for the year 1925 a list of items of importance during his time of office. The following is a list to date and excludes measures repealed or amended.

<i>Year.</i>	
1897	First County Medical Officer appointed.
1902	Smallpox Hospital Order.
1903	Midwives' Act, 1902, requiring registration of midwives.
1904	C.M.B. Rules governing practice and conduct of midwives.
1910	First four health visitors appointed.
1911	Notification of Births Act, 1907, adopted by County Council as from 1/10/11.
1913	Public Health (Tuberculosis) Regulations, Commencement of scheme for treatment of tuberculosis; first tuberculosis medical officer appointed.
1916	First infant welfare centre formed.
1917	Scheme for treatment of Venereal Diseases.
1918	Maternity and Child Welfare Act. Midwives' Act, 1918. Institution of infant welfare centres. Convalescent Home treatment. Milk to necessitous cases.
1919	County Bacteriological Laboratory instituted. Loughborough Venereal Diseases Clinic opened.
1920	Children Act—Infant Life Protection. Visits by Health Visitors. Part-time Medical Officer appointed for Infant Welfare.
1921	Blind Persons Act, 1920.
1923	Milk and Dairies Amendment Act, 1922 (Graded Milks).
1926	Public Health (Ophthalmia Neonatorum) Regulations, 1926. Public Health (Puerperal Pyrexia) Regulations, 1926. Housing (Rural Workers) Act, 1926.
1927	Midwives and Maternity Homes Act, 1926, brought into force 1/1/27. First ante-natal clinic established at Hinckley.
1928	Orthopædic scheme instituted. Extension of maternity and child welfare provisions under Circular 888:—Maternal mortality investigations. Dental treatment of expectant and nursing mothers.
1930	Local Government Act, 1929. Reorganisation of administration of Poor Law Resources. Transfer of duties under Vaccination Acts. Visits to Boarded-out children.

Year.	
1931	Arrangements for supply of sterilised maternity outfits.
1932	Markfield Sanatorium opened.
1933	Arrangements for attendance of women at Birth Control Clinics. L.G. Act, 1933 (Section III). Loughborough Venereal Diseases Clinic closed.
1934	Consultants for complicated maternity cases, and also for puerperal fever and pyrexia. Hospital treatment of complicated maternity cases.
1935	Accredited milk scheme inaugurated.
1936	Ante-natal examinations by General Practitioners. Midwives' Act, 1936 (operative from 1/8/37). Housing Act, 1936. Milk (Special Designations) Order, 1936.
1937	National Health Campaign.
1938	"Flying squad" for complicated maternity cases. Air Raid Precautions Act, 1937. Formulation of County Scheme for Casualty Services. Milk (Special Designations) Order, 1938. Commencement of Diphtheria Immunisation Scheme.
1939	Measles and Whooping Cough Regulations. Cancer Act, 1939. Reception of evacuees. First Emergency Maternity Unit opened. Heat-treated Milk, Defence Regulation 55G. Air Raid Precautions, Casualty Services Scheme commenced.
1940	Extension of Emergency Maternity Unit Service. Reception of large numbers of evacuees. Evacuation Hostels established for school children.
1941	War-time Day Nurseries opened. Issue of clothing coupons to expectant mothers. Supervision of war-time residential nurseries. Loughborough Venereal Diseases Clinic re-opened.
1942	Volunteer Car Pool commenced operations. Regulation 33B <i>re</i> Venereal Diseases contacts.
1943	Adoption of Children (Regulation) Act, 1939, came into operation. Ministry of Health Memo. 266/T, payment of allowances to patients suffering from pulmonary tuberculosis.
1944	Scheme for care of illegitimate children. Scheme for care of premature infants Rural Water Supplies and Sewerage Act, 1944.
1945	Interim peace-time ambulance service. Hospital Car Service initiated. Water Act, 1945.
1946	Milk (Special Designations) Regulations, 1936-1946.

While it fell to Dr. Robinson to introduce public health to this County, I now feel that it has been a feature of my period of office, over and above the consolidation and extension of the services, to educate the public in the necessity of all the public health measures which have been put into operation for the general well-being. With all due humility, I claim that this policy has been entirely successful; so much so, that the public's demands have, of recent years, often been in front of the services which it has been possible to provide.

In considering the review, I feel that your attention must be drawn to the crises which have affected social progress—the trade slump of the late 1920's and early 30's, and the late war 1939-45. These events shook the nation to the core, but such is the spirit of our people that we still progress. Every major national challenge seems to have been just outmatched, and only just outmatched, by corresponding national effort. Even the health statistics seem to support this principle. No lethal epidemic appeared during the last war; on the contrary, low level death rates of some diseases were reached, which confounded all forebodings.

The following short summary will show the trend of health statistics during my term of office. These records demonstrate the all round improvement of public health.

In comparing the year 1926 with 1947, it should be borne in mind that 1926 was for its time a very good year, while the year 1947 has shown slightly higher rates than for the previous few years. Also when comparing the number of deaths, consideration should be given to an increase of over 47,000 in the population of the County.

	Year 1926	Year 1947
Population	279,700	327,330
Live births	4,868	6,948
Birth rate per thousand population	17.4	21.2
Deaths of children under one year of age	284	298
Infant mortality rate per thousand live births	58	43
Deaths from puerperal causes	17	9
Maternal mortality rate per thousand total births	3.5	1.3
Total deaths (all causes)	2,946	3,692
Death rate per thousand population	10.5	11.3
Whooping cough deaths	27	9
Diphtheria deaths	18	1
		(aged 45 years)
Heart disease deaths	431	993
Death rate per thousand population	1.52	3.03
Influenza deaths	194	23
Death rate per thousand population	0.68	0.07
Cancer deaths	382	532
Death rate per thousand population	1.35	1.62
Tuberculosis of lungs, deaths	205	124
Death rate per thousand population	0.72	0.38
Tuberculosis, other forms, deaths	52	26
Death rate per thousand population	0.19	0.08
Pneumonia deaths	185	139
Death rate per thousand population	0.65	0.42
Bronchitis deaths	132	157
Death rate per thousand population	0.47	0.48

In drawing attention to the progress achieved, I only point out that this has happened during my time. Public Health is now a widespread factor in all our lives, and there are so many workers in this field that it would be wrong to claim or attribute general success to individuals, departments, or sections of workers. Nevertheless, as County Medical Officer, I feel I must express my heartfelt gratitude to those who have worked with me during these interesting years. My duties have brought me into contact with so many grand people, that I feel my thanks should be collective rather than individual. But I must hazard a list of those to whom thanks are due, even though the list is bound to be incomplete, and my apologies must be accepted by those who may be missed. I thank the Committees whom I have served, for their support; I thank my staff—medical, nursing, and clerical—for unfailing allegiance; I thank the medical specialists and practitioners, nurses and midwives, and voluntary organisations; and all the great army of public spirited helpers, including those who put their shoulders to the wheel during the war years.

Here I wish to comment on the subject of Annual Reports and the mass of information, written and statistical, necessary for their production. I have always stressed the importance of this work. At one time it was sufficient to discover that a reduction had been reached in the total deaths from a particular disease. The time has arrived now when the total deaths of diseases should be analysed into age groups and even down to individual deaths. The additional work by its very exacting nature cannot properly be run in with other office work, and a separate statistical and records section should be established. Safe storage should also be provided for the books and records as they are of untold value, and their loss would be disastrous. I feel proud to state that Annual Reports on the health of this County are in great demand. They are sent all over the country and even further afield. The supply of last year's reports was quickly exhausted and no more are available.

As space prevents more lengthy comment, I must conclude on a note of general thanksgiving. The service has moved forward step by step, and progress achieved to date has been honest and sound. To-day the tempo quickens and time must pass before judgment can be given. For myself, I think the new health services will be successful, and that this success will be due to the solid foundations laid in the past.

It has been decided that my successor from 1st January, 1949, shall be Dr. G. H. Gibson, my present Deputy, who is now occupied in "gathering the reins." I commend him with the utmost confidence as I am convinced that he has the qualities of friendliness and leadership so necessary in the position he is due to assume.

J. A. FAIRER.

County Medical Officer.

STATISTICS AND SOCIAL CONDITIONS OF THE AREA.

NATURAL AND SOCIAL CONDITIONS.

Geographically, the County of Leicester is in the centre of England. Its extreme length north to south is 44 miles, and east to west 39 miles, with an area of 832 square miles. It has an undulating surface varying from 100 to 912 feet above sea level (the summit of Bardon Hill on the edge of the Charnwood Forest).

Much could be written about Leicestershire, as of many other English Counties—of its natural scenery, its history and geology; of its churches and stately homes: but its crowning feature is the charm of variety within small distances.

The City of Leicester, set in the centre, with roads radiating in all directions, attracts workpeople from all parts of the County. The main towns are situated roughly equidistant from the centre and spaced near the outer boundary, and are concerned principally with the following industries—agriculture, iron ore, hosiery, boots and shoes, mining and quarrying, and engineering.

GENERAL STATISTICAL SUMMARY OF THE COUNTY.

Area in acres	...	Urban	...	56,860					
		Rural	...	458,548	...	...	...	515,408	
Population (Census 1931, adjusted for subsequent changes in boundary):		Urban	...	133,227					
		Rural	...	150,690	...	...	...	283,917	
Population, Registrar General's estimates of resident population, 1947:		Urban	...	154,450					
		Rural	...	172,880	...	...	...	327,330	
Population of area covered by County Maternity and Child Welfare Authority, 1947	...	...	...	...	...	...	...	282,770	
Rateable value at 1st April, 1947	...	...	...	...	...	...	...	£1,656,418	
Sum represented by a penny rate, year 1947-48 (estimated)	...	...	...	...	...	...	...	£6,539	

Vital Statistics.

BIRTHS:

Live births:		Male		Female		Total
Legitimate	...	3,420		3,204		6,624
Illegitimate	...	190		134		324
Total live births	...	3,610		3,338		6,948
Birth rate per thousand population	...	...	...	...	...	21.23
Legitimate birth rate per thousand population	...	...	...	...	...	20.23
Illegitimate birth rate per thousand population	...	...	...	...	...	0.98
Illegitimate births per thousand live births	...	...	...	...	...	46.6
Stillbirths:						
Legitimate	... 172.	Illegitimate	... 10	Total	...	182.
Stillbirth rate per thousand population	...	...	...	...	...	0.55
Stillbirth rate per thousand, total live and still, births	...	...	...	...	...	25.5
Illegitimate stillbirth rate per thousand, total illegitimate, live and still, births	...	...	...	...	...	29.9

DEATHS:

Total civilian deaths	...	3,692
Crude death rate	...	11.28

Deaths from puerperal causes:

Sepsis 2. Other causes 7. Total 9.

Maternal mortality rate per thousand, total live and still, births 1.26.

Deaths of infants under one year of age:

Legitimate 285. Illegitimate 13. Total 298.

Infant mortality rate per thousand live births:

Legitimate 43.02. Illegitimate 40.12.

Total rate per thousand live births 42.9.

Deaths from diphtheria (female aged over 45 years)	...	...	...	...	...	1
" " measles	...	...	...	...	...	9
" " whooping cough (all ages)	...	...	...	...	...	9
" " pulmonary tuberculosis	...	...	...	...	...	124
" " non-pulmonary tuberculosis	...	...	...	...	...	26
" " cancer	...	...	...	...	...	532

The statistics refer only to civilians. Birth and death registrations have been transferred to the area of usual residence.

POPULATION OF THE COUNTY.

The Registrar General's estimate of population for mid-year 1947 is returned as 327,330, showing an increase of 8,300 over the previous year presumably due to demobilisation of the armed forces. This is the highest peace-time record, the very highest figure being 328,500 in 1941 due to war-time evacuation from danger areas. Before the 1939-45 war, the population showed a steady increase through the years but considerable fluctuation has taken place since 1940. The following figures may prove of interest in showing how the population has varied. Some allowance in comparisons must be made for the expansion of the City of Leicester absorbing part of the County (principally in 1935), and other small area changes which have taken place on the outside boundary of the County.

Year	Population	Year	Population
1900 ...	231,301	1942 ...	318,100
1910 ...	249,902	1943 ...	312,100
1920 ...	261,369	1944 ...	310,380
1930 ...	295,300	1945 ...	307,690
1940 ...	311,810	1946 ...	319,030
1941 ...	328,500	1947 ...	327,330

LIVE BIRTHS.

The following table gives the numbers of births, and the corresponding rates per thousand population during the last ten years.

Births.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	2242	15.8	2391	14.9	4633	15.3	15.1
1939	2253	15.7	2348	14.5	4601	15.0	15.0
1940	2275	15.4	2449	14.9	4724	15.1	14.6
1941	2349	15.1	2453	14.2	4802	14.6	14.2
1942	2718	18.1	2790	16.6	5508	17.3	15.8
1943	2930	19.9	3172	19.2	6102	19.6	16.5
1944	3120	21.3	3416	20.8	6536	21.1	17.6
1945	2859	19.7	2924	18.0	5783	18.8	16.1
1946	3222	21.4	3341	19.9	6563	20.6	19.1
1947	3366	21.8	3582	20.7	6948	21.2	20.5

Of the 6,948 births, 3,610 were males and 3,338 were females, giving a ratio of 108.1 males to 100 females.

It is gratifying to report that the illegitimate birth rate showed a further slight reduction to 46.6 per thousand total live births, the actual number being 324, as against last year's figures of 383, rate 58.4.

The total number of births shows an all time record for the County. On the other hand, although the birth rate per thousand population of 21.23 has not been exceeded in the years since 1921 when the rate was 21.7, higher birth rates were the rule previous to the 1914-18 war. The following comparative figures are of interest in this respect.

Period	Average birth rate		Highest birth rate		Lowest birth rate	
			Year	Rate	Year	Rate
1891-1900 ...	29.9		1891 ...	32.0	1900 ...	27.9
1901-1910 ...	26.4		1903 ...	27.9	1910 ...	24.7
1911-1920 ...	20.9		1920 ...	24.2	1919 ...	16.5
1921-1930 ...	18.5		1921 ...	21.7	1929 ...	17.0
1931-1940 ...	15.1		1931 ...	16.3	1935 ...	14.3
1941-1947 ...	19.0		1947 ...	21.2	1941 ...	14.6

INFANT MORTALITY.

The infant mortality rate of 42.9 infant deaths per thousand live births is somewhat disappointing in view of the exceedingly good returns for the previous three years as can be seen in the following table which shows a record of ten years to date.

Infant Mortality.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	109	49	95	40	204	44	53
1939	115	51	97	41	212	46	50
1940	112	42	127	50	239	46	55
1941	159	59	106	41	265	50	59
1942	146	54	111	40	257	47	49
1943	134	46	123	39	257	42	49
1944	123	39	122	36	245	37	46
1945	97	34	110	38	207	36	46
1946	134	42	101	30	235	36	43
1947	161	48	137	38	298	43	41

It will also be observed that this year is the only year in the period under review when the rate for the County exceeded that for the country as a whole.

As 1946 was a very good year from the infant mortality point of view, it is interesting to compare the actual causes of deaths in children under 12 months of age for the years 1946 and 1947. The following figures are extracted from Table 5 which was re-arranged last year to facilitate easy comparison.

Deaths of Children under Twelve Months of Age.

Cause of death	Year 1946			Year 1947		
	Male	Female	Total	Male	Female	Total
Cerebro-spinal fever ...	—	—	—	2	—	2
Whooping cough ...	2	4	6	1	4	5
Other forms of tuberculosis	2	2	4	—	—	—
Influenza ...	—	—	—	2	1	3
Syphilitic diseases ...	1	—	1	—	—	—
Intra-cranial vascular lesions	1	—	1	2	—	2
Bronchitis ...	7	3	10	5	5	10
Pneumonia ...	13	12	25	26	20	46
Other respiratory diseases ...	1	—	1	1	—	1
Diarrhoea under two years ...	12	8	20	17	11	28
Other digestive diseases ...	1	—	1	3	4	7
Nephritis ...	1	—	1	—	—	—
Premature birth ...	43	26	69	43	47	90
Congenital malformation, birth injury, infant diseases	45	35	80	44	36	80
Other violent causes ...	1	4	5	5	3	8
All other causes ...	3	8	11	5	9	14
TOTALS ...	133	102	235	156	140	296

The chief increases in the various causes of death, as shown in the Table above, were:—

Pneumonia ...	25 to 46
Diarrhoea, under 2 years ...	20 to 28
Premature birth ...	69 to 90

Referring to Table 6, it will be seen that the deaths from "Diarrhoea under two years" were well spread out over the County, and were not apparently due to an epidemic. However, it must be remembered that the year 1947 was remarkable for its long hot dry summer, and this is the kind of weather which has always tended to raise the infant mortality rate. It is hardly possible to analyse the deaths from Pneumonia, and Premature Birth.

The Ministry of Health in 1944 by Circular 20/44 brought to the notice of all Maternity and Child Welfare Authorities the need for intensified activities in "The Care of Premature Infants." Owing to shortage of nursing staff and accommodation it has not been possible to implement the Ministry's scheme to the fullest extent, and it would appear that there is a call for further concentration in this field.

A special section is devoted to this subject later in this Report.

STILLBIRTHS.

The total number of stillbirths was 182 (legitimate 172, illegitimate 10). The rate of 25.5 per thousand total live and stillbirths is very satisfactory when compared with a pre-war average of about 38.

DEATHS.

There were 3,692 deaths (rate 11.28 per thousand population), as against the previous year's figures of 3,402 deaths, rate 10.66.

A comparative analysis of the deaths in age groups for the years 1946 and 1947 is as follows:—

Age group (years)	Number of deaths		Percentage	
	1946	1947	1946	1947
0-	235	298	6.9	8.1
1-	44	50	1.3	1.3
5-	34	42	1.0	1.1
15-	284	293	8.3	8.0
45-	746	774	21.9	21.0
65-	2,059	2,235	60.5	60.5
Totals ...	3,402	3,692	—	—

The total of 3,692 deaths was composed of 1,953 male deaths, and 1,739 female deaths. This shows a rather high excess of 214 male over female deaths, or a ratio of 112.3 male deaths to 100 female deaths. Each year during the last ten years, the male deaths have exceeded the female deaths, the average excess being 101 per year, or an average ratio of male to female deaths of 106 to 100.

The following table gives the records of deaths over the last ten years:

Deaths.

Year	URBAN		RURAL		WHOLE COUNTY		Rate for England and Wales
	No.	Rate	No.	Rate	No.	Rate	
1938	1507	10.60	1664	10.37	3171	10.48	11.6
1939	1560	10.74	1788	10.96	3348	10.85	12.1
1940	1809	12.21	2072	12.65	3881	12.44	14.3
1941	1795	11.54	1847	10.68	3642	10.99	12.9
1942	1569	10.45	1730	10.30	3299	10.37	11.6
1943	1657	11.28	1868	11.31	3525	11.29	12.1
1944	1608	11.00	1862	11.35	3470	11.18	11.6
1945	1582	10.90	1831	11.26	3413	11.09	11.4
1946	1641	10.87	1761	10.47	3402	10.66	11.5
1947	1798	11.64	1894	10.96	3692	11.28	12.0

There was a fall in the deaths from influenza and nephritis, as follows:

	Year 1946		Year 1947	
Influenza	35	...	23
Nephritis	111	...	90

The chief increases of deaths by classification of diseases were as follows:

	Year 1946		Year 1948	
Heart disease	931	...	993
Cancer	475	...	532
Phthisis	100	...	124
Pneumonia	106	...	139
Intra-cranial vascular lesions	419	...	453

(There was an increase of 9 deaths from road traffic accidents; 32 in 1946 to 41 in 1947).

While the deaths from phthisis (124, rate 0.38), and pneumonia (139, rate 0.42) can be considered average, the deaths from heart disease, intra-cranial vascular lesions, and cancer, were the highest ever recorded for this county, as follows:—

	Number of deaths	Rate per thousand population
Heart disease	993	3.03
Intra-cranial vascular lesions ...	453	1.38
Cancer	532	1.62

Deaths from heart disease and intra-cranial vascular lesions, together with the added disease of "Other diseases of the circulatory system" (138 deaths), can be classed as due to allied causes, and as a group accounted for 1,584 deaths or 43% of the total deaths. They are diseases which take their toll late in life, and reference to Table V will show that the majority of deaths under these headings occurred in the age groups of 65 years and over. The increase in this class of diseases need not call for undue alarm, and in a way may be considered a tribute to the success in the reduction in deaths in lower age groups. This is bound to increase the population "at risk" in the higher age groups.

The cancer return of 532 deaths, with a rate of 1.62 per thousand population, the highest figure to date, is a matter of serious concern.

As a disease, cancer was first classified in the returns in the year 1900, when the figure was 177 deaths, rate 0.77 per thousand population. The following shows a complete record of the total deaths and rates from 1900 to 1947:—

Year	Cancer deaths	Rate per 1,000 pop.	Year	Cancer deaths	Rate per 1,000 pop.
1900	177	0.77	1924	352	1.29
1901	175	0.77	1925	329	1.20
1902	151	0.66	1926	345	1.23
1903	184	0.80	1927	382	1.35
1904	191	0.82	1928	355	1.21
1905	206	0.87	1929	406	1.37
1906	208	0.87	1930	399	1.35
1907	187	0.77	1931	417	1.37
1908	212	0.87	1932	415	1.35
1909	215	0.87	1933	449	1.45
1910	234	0.94	1934	400	1.28
1911	208	0.83	1935	444	1.48
1912	250	0.81	1936	441	1.48
1913	261	1.02	1937	516	1.72
1914	281	1.09	1938	463	1.53
1915	267	1.07	1939	473	1.53
1916	246	1.02	1940	500	1.60
1917	266	1.14	1941	524	1.60
1918	275	1.21	1942	484	1.52
1919	250	0.99	1943	464	1.49
1920	297	1.14	1944	515	1.66
1921	311	1.18	1945	530	1.72
1922	311	1.17	1946	475	1.49
1923	316	1.18	1947	532	1.62

The above table shows a steady and relentless increase in cancer mortality through the years. Cancer is mainly a disease of middle life and later years, and while the saving of mortality in the younger age groups has passed on an increase of population at risk to this disease, the figures are convincing enough of the necessity for the utmost vigilance of everyone. The responsibility for the main attack on the disease at the moment lies with the hospitals in treatment and research. Nevertheless, the general cry of the hospital staffs is that patients present themselves too late. This procrastination, while very natural in the patient, minimises the probability of success of treatment and reduces the opportunity of gaining medical knowledge of the disease in all its phases. It is therefore essential that all potential sufferers present themselves at the very first symptom. The principle should be "An early all-clear is better than a late positive diagnosis." It cannot be too much emphasised that cancer in its early stages *can* be cured, and cured permanently, but that every day's delay in receiving treatment makes a successful conclusion less likely.

GENERAL PROVISION OF HEALTH SERVICES FOR THE AREA.

LABORATORY FACILITIES.

Established in January, 1920, the work of the County Laboratory has steadily grown and the number of examinations completed during the past 28 years totalled more than 172,000.

Apart from the facilities provided by the laboratory as an adjunct to the work of the County Health Department, facilities are available for the carrying out of bacteriological and chemical investigations on behalf of general practitioners and the District Authorities in the county.

Histo'logical work and Wassermann tests are not undertaken. Specimens for Wassermann tests received at the laboratory are sent to the Leicester Royal Infirmary.

The following is a summary of the examinations carried out during the year:—

Bacteriological milk examinations	...	...	...	...	3,600
Swabs for diphtheria	...	...	...	...	983
Sputa for tubercle bacilli	...	...	...	...	1,082
Sewage and water analyses	...	...	...	...	503
Urine, general and bacteriological	...	...	...	...	328
Wassermann tests	...	...	...	...	123
Phosphatase tests	...	...	...	...	386
Urine for tubercle bacilli	...	...	...	...	114
Films for gonococci	...	...	...	...	30
Blood counts	...	...	...	...	60
Milk for fat content	...	...	...	...	11
Miscellaneous	...	...	...	...	106
Ice cream for coliform organisms	...	...	...	...	83
Cerebro-spinal swabs and fluid	...	...	...	...	21
					<hr/> 7,376 <hr/>

Milk Examinations.

The following table shows the results and sources of the 3,600 samples of milk examined during the year.

Source or class of milk	RAW MILK			*Heat treated	Total
	Satisfactory	Not satisfactory	Percentage satisfactory		
Accredited producers	1,132	188	85.0	...	1,320
Prospective accredited producers	107	16	87.0	...	123
Urban and Rural Districts	620	106	85.4	194	926
Schools	155	27	85.5	433	615
Public Assistance Institutions	12	1	92.3	29	42
Tuberculin Tested producers	328	56	85.4	...	384
Prospective T.T. producers	71	6	92.2	...	77
Miscellaneous	70	23	72.0	26	119
Totals	2,495	423	85.5	682	3,600

* For the results of the examination of pasteurised and heat treated milk see below.

In those instances where samples do not reach the required standard, further visits are made to the farms concerned for the purpose of inspecting all stages in the production of the milk and advising the farmer. The milk is subsequently sampled at frequent intervals until the quality is satisfactory. Thus the figures relating to unsatisfactory results do not indicate a true proportion of samples taken which fall below the standard requirements. Neither can any strict comparison be made between the percentage of unsatisfactory results from the samples sent in by Urban and Rural Districts, and those examined in accordance with the Milk (Special Designations) Regulations, as the former are mostly morning samples examined on the day of production.

Heat Treated Milk.

The phosphatase and methylene blue tests for heat treated (pasteurised) milk continue to be used as a routine measure in order to test the keeping quality of the milk concerned and the following are the results of the phosphatase tests:—

Group 1 (2.2 Lovibond blue units or under)	Group 2 (2.4 or 6 Lovibond blue units)	Group 3 Over 6 Lovibond blue units)	Total
365	6	15	386

Group I is a negative phosphatase test, indicating that the milk has been sufficiently heat treated. Groups I and III are definite; Group II indicates either insufficient temperature or holding time, or alternatively, the addition of a small quantity of raw milk;

and Group III indicates that either the milk is grossly under-treated, or contains an appreciable quantity of raw milk.

In carrying out the methylene blue "keeping quality" test the milk is kept at room temperature (approximately 65° F.) until the morning following the day the sample is received. It is then subjected to this test for half-an-hour. The following is a summary of the year's results of this test.

Satisfactory	...	...	...	...	498
Not satisfactory	...	...	...	...	184
Total					682

Diphtheria.

The 983 swabs examined for diphtheria organisms, of which 19 only were positive, were received from the following sources:—

General practitioners	...	...	...	366
Isolation hospitals	...	...	...	137
Saturday Hospital Society	...	...	...	480

In accordance with an agreement made between the Saturday Hospital Society and the County Council some years ago, no child is admitted to the Society's Convalescent Home until a swab of the throat is examined to ensure that carriers of diphtheria are not admitted.

Markfield Hospital Laboratory.

Details of the work carried out in this laboratory during 1947 are given in the appended report of the Medical Superintendent.

AMBULANCE FACILITIES.

The arrangements for an interim peace-time ambulance service set up under Ministry of Health Circular 70/45, continued during the year.

The St. John Ambulance Brigade provides the majority of the service, while considerable work is done by the Leicester and County Saturday Hospital Society. Cases in the Melton Mowbray area are served by the ambulance of the Melton Mowbray Town Ambulance Committee.

Table showing number of Leicestershire cases moved by ambulance.

Type of case.	ST. JOHN AMBULANCE BRIGADE.		SATURDAY HOSPITAL SOCIETY.	
	No. of journeys	Mileage	No. of journeys	Mileage
Illness	7,194	128,794	6,464	81,985
Mental cases	143	5,504	20	209
General accidents	397	5,615	72	803
Road traffic accidents	210	2,521	12	142
Coroner's cases	45	492	—	—
Lockington Hall maternity cases	90	1,464	—	—
Miscellaneous	149	2,480	—	—
Totals ...	8,228	146,870	6,568	83,139

The Hospital Car Service.

This service is provided jointly by the St. John Ambulance Brigade, the British Red Cross Society, and the Women's Voluntary Services, and in Leicestershire is administered from the British Red Cross Society Offices, 64, New Walk, Leicester; the Hospital Car Service Organiser being Miss R. W. Herbert. Valuable work was done during the year in spite of all difficulties. Owing to the increased cost of car running expenses, the mileage rate was increased from 3d. to 6d. per mile as from 1st October, 1947. During the year 24 journeys covering 834 miles were made for general and maternity and child welfare cases, and 159 journeys covering 5,741 miles for tuberculosis cases.

Emergency Medical Service.

During the year the hospital transport service was maintained by the Ministry of Health for ex-service personnel attending hospitals and rehabilitation centres, or being

transferred from one hospital to another. A total of 269 patients was dealt with, the mileage being 18,102. Most of the journeys were for serious cases travelling long distances.

NURSING IN THE HOME.

This work is carried out, almost entirely, by the District Nursing Associations through their district nurses.

TREATMENT CENTRES AND CLINICS.

There are six clinic centres in the county which belong to the County Council, the addresses of which are as follows:—

Coalville:	Bridge Road.
Hinckley:	The Lawns.
Leicester:	8, St. Martin's.
Loughborough:	"Ashmount," Bridge Street.
Melton Mowbray:	Asfordby Road.
South Wigston:	Countesthorpe Road.

The clinic centres at Coalville, Hinckley, Melton Mowbray, and South Wigston are of modern construction and design. Leicester and Loughborough clinic centres occupy part only of County Council properties, the remainder being used for other purposes.

Sessions are held at the above clinics as follows:—

Tuberculosis:

Centre	Day	Time
Coalville	Fridays	From 10 a.m. to 12 noon.
Hinckley	Mondays	From 10 a.m. to 12 noon.
Leicester	Wednesdays and Thursdays	From 9 a.m. to 12 noon.
Loughborough	Thursdays	From 10 a.m. to 12 noon.
Melton Mowbray	Tuesdays	From 10 a.m. to 12 noon.

Orthopædics:

Coalville	Mondays and Wednesdays	1.30 p.m.
Hinckley	Wednesdays and Fridays	10 a.m.

Ante-natal Clinics:

Coalville	Tuesdays	10 a.m.
	2nd. and 4th. Thursdays	2 p.m.
Hinckley	Mondays	2 p.m.
	1st., 3rd., and 5th. Thursdays	2 p.m.
South Wigston	1st., 2nd., 3rd., and 5th. Mondays	2 p.m.
	2nd., 3rd., and 4th. Fridays	2 p.m.

An additional ante-natal clinic held at Wigston Magna was transferred to South Wigston early in 1948.

Infant Welfare Centres:

Coalville	Tuesdays	2 p.m.
Hinckley	Tuesdays	2 p.m.
Melton Mowbray	Wednesdays	2 p.m.
South Wigston	2nd. and 4th. Tuesdays	2 p.m.
	2nd. and 4th. Wednesdays	2 p.m.

It should be noted that in addition to the above, sessions are held on premises which are rented, but not owned, by the County Council. A new infant welfare centre was established at Houghton-on-the-Hill in September, 1947. This increases the number of infant welfare centres held on rented premises to 31, making a total of 37 in all.

Complete information will be found in the sections dealing particularly with ante-natal clinics and infant welfare centres.

Venereal Diseases.

Treatment of venereal diseases in county patients is carried out at the Leicester Royal Infirmary, and the Loughborough General Hospital. Particulars of sessions are given in the report of the Director of Venereal Diseases Services.

HOSPITALS: PUBLIC AND VOLUNTARY.

Infectious Disease and Tuberculosis.

The beds available in the county for infectious disease, and tuberculosis, are distributed as follows:—

Tuberculosis Sanatorium:

Markfield	138 beds
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Isolation Hospitals:

Markfield	76	„
Blaby	17	„
Hinckley	23	„
Melton Mowbray	32	„

Smallpox Hospitals:

Snarestone	...	...	...	...	23	„
Syston	...	...	...	...	15	„

There is a reciprocal arrangement with the Leicester City Authority for the reception of smallpox patients.

Public Assistance.

Accommodation is provided by the Public Assistance Committee for both acute and chronic sick at their various institutions and, at some, maternity bed accommodation is also available.

Name of Institution—	Maternity beds	Other beds	Total beds
Public Assistance Infirmary:			
Bosworth Park	18	127	145
Public Assistance Institutions (Infirmary beds):			
Blaby	—	33	33
Loughborough	*2	111	113
Lutterworth	—	12	12
Market Bosworth	—	31	31
Market Harborough	*3	57	60
Melton Mowbray	26	147	173
Mountsorrel	—	38	38

* Emergency beds only.

Voluntary.

The treatment of county patients for acute medical and surgical illness is chiefly undertaken at the Leicester Royal Infirmary and the Loughborough General Hospital. Patients are also admitted for acute illness to the smaller hospitals, as follows:—

Ashby-de-la-Zouch Cottage Hospital.
 Hinckley and District Hospital.
 Lutterworth Cottage Hospital.
 Market Harborough Cottage Hospital.
 Melton Mowbray War Memorial Hospital.

Maternity patients are taken by the Loughborough General Hospital and the district hospitals at Ashby-de-la-Zouch, Lutterworth and Market Harborough.

Some complicated maternity cases are accepted by the Leicester and Leicestershire Maternity Hospital, Causeway Lane, Leicester.

WELFARE OF THE BLIND.

Registration of Blind persons under the Blind Persons' Act, 1920/38, is carried out on behalf of the County Council by the Royal Leicester, Leicestershire and Rutland (Incorporated) Institution for the Blind. During the year under review 55 new names were added, 57 were removed from the register. The total at the end of the year was 490.

The Institution is able to provide suitable training in basket making, chair caning, knitwear, boot and shoe repairs, mats, brushes, wood chopping, etc., etc., at its own workshops, Margaret Road, Leicester. Augmentation of wages and grants for domiciliary assistance relief, etc., is awarded to necessitous Blind persons where there is a need.

VACCINATION.

The districts of the public vaccinators in the county number 30, and those of the vaccination officers 15.

The following is a summary of the vaccination officers' returns which are rendered to the Registrar General respecting the vaccination of children whose births were registered between 1st January and 31st December, 1946.

(1) No. of births entered in birth lists as registered during 1946	6,217
(2) Statement relative to the above births on 31st January, 1948:—	
(a) No. successfully vaccinated	865
(b) No. insusceptible of vaccination	1
(c) No. had smallpox	Nil
(d) No. of statutory declarations received	4,489
(e) No. died unvaccinated	145
(f) No. temporarily unaccounted for	398
(g) No. otherwise unaccounted for	319
	<hr/>
(3) No. of cases of children successfully vaccinated after statutory declaration had been received (included in sub-heading (d))	21
(4) Total no. of certificates of successful primary vaccination of children under 14 years of age received during year 1947 ...	969
(5) No. of certificates of successful primary vaccination sent to other districts (included in heading (4))	97
(6) Total no. of statutory declarations actually received during the year 1947	4,739

MATERNITY AND CHILD WELFARE.

The Leicestershire Maternity and Child Welfare Committee is responsible for the entire administrative county with the exception of Loughborough Municipal Borough (population 34,090), and Market Harborough Urban District (population 10,470), both of which are autonomous maternity and child welfare authorities. The Leicestershire Committee, therefore, administers an area with a population of 282,770.

ANTE-NATAL SERVICES.

Ante-natal Examinations by General Practitioners.

This section of the scheme provides for two ante-natal examinations of the expectant mother, one being a general medical examination early in pregnancy and the other a full obstetrical examination between the 34th and 40th weeks.

The total number of expectant mothers referred by midwives to general practitioners during the year was 745; of these 275 had two medical examinations, 112 one examination, and in the remaining 358, no report or claim for fee had been received from the doctor.

Ante-natal Clinics.

There have been no fundamental changes in the organisation of the ante-natal clinic work during the year, but a general review shows that the facilities at the clinics continue to be utilised to the utmost.

The following is a summary of the work performed by the four clinics at Coalville, Hinckley, South Wigston and Wigston Magna:—

	Coalville	Hinckley	South Wigston	Wigston Magna	Total
(a) No. of sessions	66	71	32	31	200
(b) No. of expectant mothers who attended during year ...	243	490	102	87	922
(c) Total number of attendances	842	1,566	544	449	3,401
(d) Average attendance per session	12.7	22.0	17.0	14.5	17.0
(e) No. of women post-natally examined (included in (b) above)	13	49	24	21	107
(f) Total number of attendances of women post-natally examined (included in (c) above)	14	54	24	21	113

Dental Treatment of Expectant and Nursing Mothers.

The expectant and nursing mothers referred for dental treatment come from three sources—the ante-natal clinics, infant welfare centres, and the general practitioners. These facilities are not available for women entitled to dental treatment under the National Health Insurance scheme. During the year, dental treatment was completed under the County Council's scheme in respect of 17 patients.

MIDWIFERY AND MATERNITY SERVICES.

Special Comment on Midwifery and Maternity Work.

A word of praise is long overdue to all who are engaged in this work, and I think none will begrudge a special mention for the magnificent work performed by the midwives under trying conditions.

Reference to the Registrar General's returns of births early in the report will show that the births in 1947 totalled 6,948, an all-time record in numbers for the County. This figure is a corrected one according to home residence, but is nevertheless accurate as an indication of achievement.

It is a great testimony to the ability and sense of duty of the midwives to be able to state that this branch of the service carries on smoothly from day to day, and that a complaint is a rarity and usually trivial. The midwives in this county have every cause to be proud of their year's work.

Number of Midwives Practising.

The total number of midwives notifying their intention to practise in the county was 219, as compared with 229 in the previous year. During the year 21 midwives left the county, and 2 ceased to practise.

The shortage of midwives, both in domiciliary and institutional practice, continued to be most acute, and was a source of anxiety.

Administration of Analgesics.

There is now a scheme whereby midwives in domiciliary practice may, by taking a training course, qualify to administer analgesics during labour. At the end of the year 56 midwives in the county were qualified, of whom 13 were in institutional practice.

The 43 domiciliary midwives administered analgesics in 284 cases.

Inspection of Midwives.

A total of 426 visits was made during the year by the Superintendent Health Visitor and the Superintending Staff of the County Nursing Association, who carry out the inspection of midwives. In no case was it necessary to take disciplinary action for any breach of the rules.

Number of Cases attended by Midwives.

A total of 6,214 cases was attended in the county during the year. Of this number, 3,445 were taken by the midwife alone, and in the remaining 2,769 cases, a doctor was also in attendance.

Notifications received from Midwives.

The following returns were received from the county midwives during the year:—

Request for medical aid	...	...	...	...	857
Liability of midwife to be a source of infection	...	...	...	...	62
Midwife having "laid out the dead"	...	...	...	...	85
Death of mother or child	{	mother	...	...	3
		child	...	...	35
The occurrence of a stillbirth	...	...	...	...	42
The commencement of artificial feeding	...	...	...	...	117

Request for Medical Aid.

In 24.9% of the cases attended by midwives, it became necessary to send for medical aid.

The chief causes for the requesting of medical help for the mother were:—ruptured perineum 287, difficult labour 120, malpresentation 54, raised temperature 49, miscarriage 42, unsatisfactory general condition of mother 37, ante-partum hæmorrhage 33, post-partum hæmorrhage 30, adherent placenta 21, abortion, or danger of 15, varicose veins 12, albuminuria 9.

The chief causes for the requesting of help for the child were:—discharge from the eyes 47, prematurity 37, unsatisfactory general condition 35, feebleness 21, abnormalities 20.

During the year 512 claims from doctors for medical help requested by midwives, were passed for payment.

COUNTY MIDWIFERY SERVICE.

The Leicestershire County Council is the supervising authority under the Midwives' Act of 1936 and the administration of the domiciliary midwifery service is carried out through the agency of the Leicestershire County Nursing Association.

The domiciliary midwifery service in the county is provided by nurse-midwives employed by the District Nursing Associations, with the exception of Coalville, Donisthorpe, Hinckley, Loughborough, and Melton Mowbray districts where whole-time midwives are employed, and also in the Market Harborough Urban District where special arrangements have been made for the employment of a nurse midwife.

Loughborough and Market Harborough.

As Loughborough Municipal Borough, and Market Harborough Urban District are autonomous maternity and child welfare authorities, the appointment of three whole-time midwives in Loughborough is made by the County Council in conjunction with the Borough Council, but the Market Harborough Council appoint one nurse-midwife on their own, the County Council giving a grant based on the proportion of midwifery cases to the remainder of the nurse's work.

The following table summarises the work of the whole-time midwives employed by the County Council:—

District	No of mid-wives	Cases booked		Cases completed		Abor-tions and miscar-riages	Cases can-celled	Visits paid	
		Mid-wifery	Mater-nity	Mid-wifery	Mater-nity			Ante-natal	During puer-perium
Coalville ...	5	203	137	186	160	3	16	1,690	6,930
Donisthorpe	1	52	8	54	8	1	4	234	943
Hinckley ...	3	293	18	226	18	16	14	1,061	3,818
Melton									
Mowbray	2	113	20	103	26	6	9	796	2,459
Loughborough	3	169	59	149	58	...	26	1,408	3,614
Total ...	14	830	242	718	270	26	69	5,189	17,760

District Nursing Associations.

There are 77 district nurse-midwives who are employed by 71 district nursing associations which are affiliated to the County Nursing Association.

During the year, 1,461 midwifery, and 977 maternity cases have been taken by the nurse-midwives, in addition to their general nursing duties.

MATERNAL CARE.

A total of 9 deaths occurred during the year due to puerperal causes: 2 of sepsis and 7 "other maternal causes."

Last year I mentioned in the opening letter that the mortality rate for 1946 was remarkable, and that it remained to be seen whether such a startling improvement could be maintained. From a statistical point of view, the numbers of deaths involved are so small as to reflect wide variation in the rates from year to year. This is demonstrated in the following table covering the years 1920 to date.

Year	Deaths from puerperal sepsis	Deaths from other maternal causes	Total maternal deaths	Rate per thousand live and still births
1920	13	9	22	3.5
1921	7	19	26	4.5
1922	3	10	13	2.4
1923	3	10	13	2.4
1924	3	11	14	2.7
1925	8	15	23	4.7
1926	5	12	17	3.5
1927	7	10	17	3.5
1928	12	12	24	4.7
1929	9	15	24	4.8
1930	7	10	17	3.27
1931	5	12	17	3.28
1932	5	12	17	3.37
1933	7	15	22	4.79
1934	6	11	17	3.46
1935	7	10	17	3.80
1936	6	12	18	3.91
1937	10	4	14	3.01
1938	3	12	15	3.12
1939	1	16	17	3.52
1940	6	4	10	1.93
1941	5	9	14	2.83
1942	3	10	13	2.28
1943	3	16	19	3.03
1944	5	9	14	2.07
1945	4	12	16	2.69
1946	1	5	6	0.89
1947	2	7	9	1.26

It is of interest to note that the Ministry of Health focused attention on maternal deaths by Circular 888 as from 1928. This brought in a routine investigation by an appointed member of my staff into each death, a confidential report on which in a specified form is forwarded to the Department of the Ministry concerned.

Provision of Consultants.

Consultants with special experience in obstetrics are available under the Council's scheme to any general medical practitioner in the area, and should it be necessary, a practitioner can call upon the "Flying Squad Emergency Unit" from the Leicester Royal Infirmary. This unit consists of a consultant, a nurse, and a complete outfit of sterilized obstetric equipment which is always kept in readiness. The object of this provision is to ensure that, in an emergency where there is no time to transfer the patient to the Infirmary, or the patient is too ill to be moved, she can receive expert treatment in the home.

Fortunately, the occasions on which these facilities have been required are few, but this service has undoubtedly been of very great value in the past, and the means of saving lives.

The Maternity and Child Welfare Committee accepts financial responsibility where the patient is unable to pay the consultant's fee, and a subsequent claim is made on the patient according to the financial circumstances.

During 1947, consultants were called upon under the scheme to attend six complicated cases.

In addition, 18 patients attending ante-natal clinics were referred to the consultants on account of suspected abnormalities. It is part of the arrangements that no charge is made to patients in attendance at the Council's ante-natal clinics.

Birth Control.

Arrangements are still in force for the attendance of patients within the area at the Leicester City Birth Control Clinic. This facility is dependent on the production of a medical certificate to the effect that childbirth would be dangerous to the life and health of the patient. The number of cases referred, whether by their own doctors, or members of the county medical staff, during 1947 was 62.

INFANT WELFARE CENTRES.

All the infant welfare centres are controlled by the Maternity and Child Welfare Committee, who provide the necessary medical and nursing staff. The local administration is in the hands of voluntary committees. This arrangement has always been highly successful in this county, and the greatest praise is due to the voluntary helpers for their assistance in this service.

A new centre was opened at Houghton-on-the-Hill on 1st September, 1947, bringing the total of infant welfare centres to 37 as shown in the following list which gives details of sessions, and also the average attendances of mothers and children at each centre during the year.

Infant Welfare Centres.

Centre	Day of month on which Infant Welfare Centre is held	Average Attendances Year 1947	
		Mothers	Children
Anstey	2nd and 4th Mondays ...	56.5	60.3
Asfordby	" " " Thursdays ...	37.3	41.0
Ashby-de-la-Zouch ...	Thursdays	60.5	69.6
Barrow-on-Soar	2nd and 4th Wednesdays ...	31.6	36.3
Barwell	" " " Thursdays ...	64.9	69.8
Birstall	" " " Mondays ...	55.7	57.4
Blaby	1st and 3rd Tuesdays ...	60.3	65.0
Braunstone (County) ...	Wednesdays	84.6	86.4
Coalville	Tuesdays	73.2	90.8
Cosby	1st and 3rd Wednesdays ...	33.8	35.5
Desford	" " " Tuesdays ...	59.5	65.8
Earl Shilton	" " " Thursdays ...	71.4	76.8
Enderby	" " " Wednesdays ...	28.5	29.6
Glenfield	2nd and 4th Tuesdays ...	65.0	69.9
Hinckley	Tuesdays	154.3	155.8
Houghton-on-the-Hill ...	1st and 3rd Mondays ...	29.0	32.5
Hugglescote	2nd and 4th Mondays ...	13.0	13.0
Ibstock	" " " Thursdays ...	31.8	32.7
Kegworth	" " " Wednesdays ...	34.5	36.1
Kibworth	" " " Wednesdays ...	27.0	31.4
Lutterworth	1st and 3rd Thursdays ...	48.3	55.4
Melton Mowbray	Wednesdays	67.9	69.5
Mountsorrel	1st and 3rd Tuesdays ...	61.8	66.4
Narborough	2nd and 4th Wednesdays ...	49.8	53.5
Oadby	" " " Wednesdays ...	40.6	43.9
Quorn	1st and 3rd Wednesdays ...	44.8	47.2
Rearsby	" " " Tuesdays ...	28.5	32.2
Rothley	" " " Mondays ...	32.0	36.7
Shepshed	" " " Wednesdays ...	53.4	56.0
Sileby	" " " Tuesdays ...	93.6	98.2
Syston	Mondays	49.3	52.5
Thurmaston	2nd and 4th Tuesdays ...	57.8	62.4
Whetstone	" " " Tuesdays ...	38.0	39.7
Whitwick	Mondays	34.5	37.7
Wigston Central	2nd and 4th Wednesdays ...	44.0	44.8
" South	" " " Tuesdays ...	91.2	96.9
" Magna	" " " Thursdays ...	50.0	51.6

All infant welfare centres are held either at 2.0 or 2.30 p.m.

Requests have come from many parts of the county for additional centres to be set up. The chief difficulty in further extension of this service is in obtaining professional staff. However it is hoped to provide a few additional centres in the future in those areas where there is sufficient concentration of population to justify the allocation of the time of the medical and nursing staff.

Statistics.	1947	1946
Total number of meetings	923	935
Numbers of mothers and children on the registers:—		
Mothers	6,600	6,123
Infants under 1 year	4,769	4,219
Toddlers	3,525	3,539
Total attendances:—		
Mothers	53,789	52,329
Infants under 1 year	34,788	31,494
Toddlers	22,552	24,839
First attendances:—		
Mothers	3,410	2,897
Infants under 1 year	3,334	2,826
Toddlers	407	370
Total number of weighings by health visitors	49,618	51,200
Number of children examined by the medical officers:—		
First examinations	2,509	2,365
Total examinations made	4,806	5,118

THE CARE OF PREMATURE INFANTS

A special scheme is in force by which a detailed supervision of premature infants is maintained by the Health Department. Notification is received of the birth and birth weight of every child, and a special record is kept of all children whose birth weight is 5½ lbs. or less. Mutual arrangements, in accordance with the Ministry's scheme, exist between all maternity and child welfare authorities, so that by interchange of information, accurate data is available. Responsibility for keeping records lies with the authority in whose area the premature birth occurs.

All information received in the Health Department is notified to the health visitors so that they can maintain a careful supervision of the infants and give advice to the mothers.

During the year, 287 premature births were notified to the Department: of this number, 28 related to children whose parents normally resided outside the administrative area.

The following is a summary of the results of following-up the 287 children born in the area as shown in the return made to the Ministry of Health.

Premature children born at home	202
Nursed entirely at home	183
Died within the first 24 hours	25
Died within 28 days	47
Survived at end of 28 days	136
Transferred to hospital	19
Died within the first 24 hours	2
Died within 28 days	9
Survived at end of 28 days	10
Premature children born in hospital	85
Died during the first 24 hours	4
Died during the first 28 days	17
Survived at end of 28 days	68

These results are summarised as follows and also show a comparison with last year's figures:—

	Year 1946	Year 1947
Total number notified	287	287
Total number died	57	73
Percentage died	19.5%	25.4%

In addition, 76 premature births occurred in the areas of other welfare authorities, the mothers being residents of the administrative area. Thus, there was a grand total of 335 premature infants born to normal residents of the area.

THE CARE OF ILLEGITIMATE CHILDREN.

It is pleasing to note a further steady decline in illegitimacy. The following table gives the figures for the last ten years. The illegitimate live birth rate is calculated per thousand live births.

Year	Total live births	Illegitimate live births	Illegitimate live birth rate	Illegitimacy percentage of total live births
1938	4,633	126	27.2	2.7%
1939	4,601	152	33.0	3.3%
1940	4,724	158	33.4	3.3%
1941	4,802	198	41.2	4.1%
1942	5,508	240	43.6	4.4%
1943	6,102	320	52.4	5.2%
1944	6,536	385	58.9	5.9%
1945	5,783	532	92.0	9.2%
1946	6,563	383	58.4	5.8%
1947	6,948	324	46.6	4.7%

Particular supervision is maintained by the staff of the department over illegitimate children which are brought to notice mainly by the notifications of births.

Close co-operation is maintained with the Leicester Diocesan Moral Welfare Association, which gives valuable assistance where the health visitor encounters social and moral difficulties and also gives assistance and advice in the obtaining of affiliation orders. In recognition of this assistance, a joint grant of £150 per annum is made to the Association by the Leicestershire County Council, the Loughborough Municipal Borough Council, and the Market Harborough Urban District Council. The cost to each of the three welfare authorities is proportioned according to the corrected annual numbers of illegitimate births in each area.

The reports of the Leicester Diocesan Moral Welfare Association show that 57 unmarried expectant mothers, and 32 mothers with illegitimate children, were referred to them during the year. Follow-up cases dealt with by the Association totalled 121.

The Council have an agreement with the St. Saviour's Diocesan Maternity Home at Northampton for the admission of unmarried mothers for confinement. Very good work is done as the Home stipulates a stay of at least three months for supervision, conduct and training. During the year 7 unmarried mothers were admitted from this area.

Of the total of 324 illegitimate births in the county, 277 occurred within the area of the County Maternity and Child Welfare Committee. This year, the illegitimate infant mortality rate of 40.12 is less than the legitimate mortality rate of 43.02. In most years the former mortality rate far exceeds the rate for legitimate children.

ADOPTION OF CHILDREN.

The national adoption societies and the Leicester Diocesan Moral Welfare Association render invaluable service in connection with the adoption of children, and carry out detailed inquiries into the history of the family from which the child comes, and into the home of the adopter, before the child is legally adopted. In addition, the child is given a thorough medical examination.

Some adoptions are carried out by private arrangement, and it is desirable in such cases that the adopter be satisfied regarding the health of the child and the legal formalities.

During the year, two cases only were notified to the Health Department under Section 7 of the Adoption of Children (Regulation) Act, 1939. This Section requires a person who participates in arranging an adoption (other than a child's parent or guardian, or person with whom the child is to be placed) to notify the welfare authority in whose area the child is to be placed.

CHILD LIFE PROTECTION.

Particular attention has always been paid to this work, and each child is seen by the health visitor as a routine measure at bi-monthly intervals, or more frequently, if necessary. Detailed reports of these cases are submitted to the Health Department and any unsatisfactory circumstances are investigated immediately by a medical officer.

The following is a summary of the changes in the register of foster children during 1947:—

No. of cases on register on 31st December, 1946	...	...	...	20
„ of new cases	...	...	...	39
„ returned to parents	...	...	...	28
„ attained nine years of age	...	...	...	1
„ left county	...	...	...	4
„ transferred to new foster parents	...	...	...	1
„ legally adopted	...	...	...	1
„ of cases on register on 31st December, 1947	...	...	...	24

Separate registers are maintained by the Loughborough and Market Harborough maternity and child welfare authorities.

All schools where there are boarders under the age of nine years are inspected by the Deputy County Medical Officer who checks up on all aspects of environment, diet, and other matters relevant to the health and well-being of the children concerned.

ORTHOPÆDIC TREATMENT.

The facilities of the orthopædic scheme are available to children under the age of five years. Close co-operation is maintained with the Leicestershire Voluntary Association for Cripples' Welfare, and the Loughborough Cripples' Guild. During the year in-patient treatment was given in 14 cases, and appliances in 19 cases. Attendances at clinics were as follows:—

Leicester City Clinic	...	94
Rugby Orthopædic Clinic	...	4
Coalville Clinic	...	141
Hinckley Clinic	...	194
Nottingham Cripples' Guild	...	3

PRIORITY DOCKETS FOR THE PURCHASE OF SHEETS.

The Board of Trade's scheme for the issue of priority dockets for the supply of sheets to expectant mothers has continued during the year. Dockets are only issued upon receipt of an appropriate certificate from the midwife booked to attend the confinement at the patient's home. A maximum number of three sheets is allowed. There were 6,424 dockets issued to 2,267 expectant mothers.

NURSING HOMES.

The following show the changes in the Nursing Homes during the year:—

Homes closed.

"The Dale," Lutterworth, on 27th March, 1947.

"The Yews," Stoughton Road, Oadby, on 30th September, 1947.

Home newly registered.

"Roundhill," Syston Road, Thurmaston, on 22nd January, 1947.

The following gives a complete list of Nursing Homes in the County which were open at the end of the year.

Address of Nursing Home.	Number of beds		Total
	Maternity	General	
"Innisfree," Melton Road, Barrow-on-Soar	1	—	1
25, London Road, Coalville	6	—	6
"Braemar," Newton Burgoland	1	—	1
77, Park Road, Loughborough	10	—	10
"The Newlands," Kirby Muxloe	5	—	5
The Old Vicarage, Mountsorrel (closed 5th March, 1948)	3	8	11
The Loughborough Nursing Home Ltd., Radmoor Street, Loughborough	5	5	10
"Fairhaven," Shellbrook, Ashby-de-la-Zouch	5	4	9
"Roundhill," Syston Road, Thurmaston	12	—	12
Totals	48	17	65

All the Nursing Homes in the county are inspected regularly by the Medical Officers of the Department, and the Inspectors of Midwives. Special visits are also made when circumstances necessitate.

HEALTH VISITORS.

I am pleased to report that although it has not been possible to secure the full staff establishment of health visitors, the number seems to be on the increase. I wonder if some new appointments have been due to the fact that intending entrants to the service have heard of the happy conditions existing in this Department. In this County, the duties of health visitor, school nurse, tuberculosis visitor, and child life protection visitor, are combined, as it has been felt that continuity in the supervision of family life is an important factor in the maintenance of a high standard of supervision of both children and adults who come within the purview of the various schemes provided by a local authority. It remains to be seen whether altered circumstances such as the arrangements for treatment of tuberculosis under the National Health Service Act, 1946, may necessitate a change of outlook towards "specialisation."

The scholarship scheme for the recruitment of health visitors, sponsored by the County Education Committee on behalf of the Maternity and Child Welfare Committee, has proved of considerable value.

The following is a summary of the work of the health visitors. Duties in connection with the School Medical Department are not included.

Children under twelve months of age:—

First visits	6,573
Subsequent and special visits	27,042
Children aged one to five years	45,680
Total	79,295

Tuberculosis:—

First visits	293
Subsequent and special visits	3,213
Total	3,506

Attendances at infant welfare centres	1,071
„ ante-natal clinics	224
„ tuberculosis dispensaries	351
„ orthopaedic clinics	162
Visits to expectant mothers	1,460
„ re stillbirths	143
„ re child life protection	223
„ re practising midwives	125
Special visits	176

DAY NURSERIES.

Each nursery caters for 40 children with an age proportion as follows:—15 children aged from six weeks to two years of age, and 25 children aged from two to five years.

Demand for accommodation continued to exceed the number of places, and priority has had to be reserved for those cases showing the greatest need.

It is gratifying to be able to state that there has been no serious outbreak of infectious disease during the year to interfere with the work of the nurseries.

The following are the statistics for the year 1947:—

	Hinckley.	South Wigston.	Syston.
Average number of children on register	46.1	43.7	46.8
Average daily attendance	38.6	31.2	38.0
Number of children on register on 31st December, 1947 ...	47	47	46

EMERGENCY SERVICES.

MATERNITY SERVICE.

On 10th April, 1947, the door was closed at Lockington Hall, the last "E.M.U." (Emergency Maternity Unit) in this County under the Ministry of Health's scheme for the reception of expectant mothers from the war danger areas. The scheme had been extended after the war on account of lack of accommodation in the late evacuation areas, principally London.

Although some time has passed since the end of the war, and as public memory is short, I feel it fitting that the work done in connection with this war-time service should not pass unnoticed. It is not possible to include a comprehensive report, and attention is only drawn to the outstanding features.

Three E.M.U.'s were established and in use as follows:—

Whatton Hall	Open from 29th Sept., 1939, to 12th Dec., 1939, and 7th Oct., 1940, to 31st March, 1945.
"Wayside," Oadby	Open from 5th June, 1940, to 17th Oct., 1945.
Lockington Hall	Open from 26th June, 1940, to 10th April, 1947.

In order to avoid overcrowding in the E.M.U.'s by the admission of "near-term" expectant mothers, billeting was arranged in the first place; but as this, for obvious reasons, did not meet all requirements, it proved necessary to afford supplementary accommodation by the setting up of Ante-natal Hostels, as follows:—

The Frith, Oadby,
Beacon House, Loughborough,
Lockington Lodge.

The following is a concise statistical record of the cases taken at the E.M.U.'s during the whole period they were open:—

	Whatton Hall	Oadby	Lockington	Total
Patients admitted ...	2,421	1,760	3,776	7,957
Babies born	2,324	1,724	3,557	7,605
Stillbirths	36	40	59	135
Infant deaths	12	9	18	39
Miscarriages	2	1	3	6
Maternal deaths	2	1	2	5

It will be seen that these figures are highly satisfactory, the stillbirth rate and the maternal mortality rate being very low indeed.

There is a seeming discrepancy between the number of patients admitted and the number of births which occurred. This is due to patients being admitted and then, after examination had shown confinement not to be imminent, being returned to their temporary billets or hostels to await later admission to the emergency maternity unit. Also in some cases, the expectant mothers returned to their own homes as they thought the danger from bombing no longer existed.

Figures alone convey no idea of the work and anxiety on the part of the Staff during the period E.M.U.'s were in operation. They involved finding of premises and adaptation to hospital standards; supplying equipment and furniture to the smallest detail; obtaining nursing and domestic staff; arranging for the meeting of trains; and all the incidental worries: all of which were intensified by war-time difficulties, including blackout and near bombing. In addition, the winters of 1940-41 and 1941-42 were very severe, and in February, 1944, there was heavy snow with drifts five feet deep.

Lack of space precludes mention of all those workers and helpers to whom praise is due, but especially would I thank Mr. W. W. Baum for his splendid services. Suffice it to say that the E.M.U.'s kept the flag flying, they kept the home front strong, and contributed a full share to victory.

Leicestershire played its part, and it was well known (unofficially) that the Ministry of Health held this County in high regard for all services rendered on its behalf during the war years.

SANITARY CIRCUMSTANCES OF THE AREA.

For the full particulars given in this section of the report, I am grateful to Mr. W. W. Baum, the County Sanitary Officer.

WATER SUPPLY.

The following table gives details of rainfall during 1947 recorded at the Sewage Farm, Wigston, and I am indebted to Mr. G. F. Stacey, Surveyor to the Wigston U.D.C., who kindly supplied these figures:—

Month	Total depth	Greatest fall in 24 hours		No. of days with 0.01 in. or more	No. of days with 0.04 in. or more
	Inches	Inches	Date		
January ...	1.62	0.38	8	20	14
February ...	1.16	0.22	4	15	11
March ...	5.04	0.59	31	26	22
April ...	2.33	0.58	8	16	11
May ...	1.50	0.26	3	15	11
June ...	1.27	0.31	9	13	7
July ...	2.13	0.43	17	20	16
August ...	0.23	0.23	4	1	1
September ...	1.09	0.21	20	11	9
October ...	0.21	0.07	23	6	2
November ...	1.70	0.20	19	21	13
December ...	2.16	0.32	5	20	13
Total ...	20.44	—	—	184	130

The following are the rainfall figures for the last ten years:—

Year.	Rainfall in inches.
1938 ...	22.18
1939 ...	28.45
1940 ...	26.42
1941 ...	26.96
1942 ...	20.79
1943 ...	20.68
1944 ...	24.64
1945 ...	21.92
1946 ...	30.69
1947 ...	20.44

During the year investigations as to the purity of water supplies were systematically pursued throughout the county, 486 samples were submitted for analysis, compared with 474 in the year 1946, and the results are set out in the following table:—

District	Satisfactory		Unsatisfactory	
	Chemical	Bacteriological	Chemical	Bacteriological
URBAN DISTRICTS				
Ashby-de-la-Zouch ...	2	2	—	—
Ashby Woulds ...	—	—	—	—
Coalville ...	—	18	—	5
Hinckley ...	2	12	12	22
Loughborough M.B. ...	8	28	—	—
Market Harborough ...	22	5	—	—
Melton Mowbray ...	2	2	—	8
Oadby ...	—	—	—	—
Shepshed ...	—	3	—	41
Wigston ...	—	1	—	2
RURAL DISTRICTS				
Ashby-de-la-Zouch ...	1	9	8	26
Barrow-on-Soar ...	—	28	—	37
Billesdon ...	—	—	—	15
Blaby ...	7	9	1	10
Castle Donington ...	2	15	—	6
Lutterworth ...	1	9	1	14
Market Bosworth ...	3	—	51	—
Market Harborough ...	9	—	4	—
Melton and Belvoir ...	7	7	4	5
Totals ...	66	148	81	191

The above figures indicate the total number of water examinations carried out by the district councils, and in many cases the samples have been taken from wells and springs used by comparatively few people. The results, therefore, must not be interpreted as bearing any relation to the purity of the general water supply of the various districts.

The greater part of the urban districts are provided with a piped supply. In the rural districts, 124 parishes have piped supplies, but 102 rely mainly on wells.

The following work was carried out during the year in connection with water supply to dwelling-houses:—

	<i>Urban districts</i>	<i>Rural districts</i>
Piped supplies substituted for well supplies	81	813
Wells closed ...	46	90
Wells cleansed, repaired, etc. ...	5	33

In Ashby-de-la-Zouch and Ashby Woulds urban districts, the supply was restricted on a number of occasions owing to a shortage of water at the source. The Swadlincote and Ashbys Joint Water Board are arranging for an additional supply from the Derwent Valley area.

The supply to Hinckley U.D., although constant, was not sufficient and agreement has been reached with the Leicester Corporation for an additional supply of water.

Melton Mowbray U.D. reported restrictions during the latter part of the year and are negotiating for a supply from Leicester City. It is also intended to carry out boring operations to try to obtain augmentation of supply.

In the rural areas, local and seasonal shortages were reported by Ashby-de-la-Zouch, Barrow-on-Soar, Market Bosworth and Melton and Belvoir R.D.C.'s. In Billesdon R.D. water was transported by road to Tilton-on-the-Hill and Cold Newton. In Market Harborough R.D. there was a very pronounced shortage in all villages without mains supply and during the period August to December water was carted to the villages of Church Langton, East Langton, Stonton Wyville, Shangton, Saddington, Mowsley, and Husbands Bosworth.

SEWERAGE AND SEWAGE DISPOSAL.

All the urban districts have sewage disposal works and with the exception of outlying properties, sewers are available throughout the districts. During the year there have been a number of sewers constructed to serve new housing estates and the Ashby-de-la-Zouch and Shepshed Urban districts have submitted schemes to the Ministry of Health for extensions to their existing disposal works.

As regards rural districts, public sewers exist in most of the villages, but only 59 parishes have efficient sewage disposal works. However, the need for efficient sewerage and sewage disposal is genuinely appreciated by the local authorities, as shown by the number of schemes which have been submitted to the County Council for consideration under the Rural Water Supplies and Sewerage Act, 1944. By the end of the year under review, the number of schemes so far submitted or in course of preparation should eventually provide proper means of disposal for a further 69 parishes.

Various sewer extensions to serve new housing sites have been made, and Ministry of Health approval has been granted in respect of new disposal works to serve the parishes of Great Glen and Burton Overy in the Billesdon rural district, and Narborough and Cosby in the Blaby rural district.

The sewage works and farms throughout the county are regularly inspected and samples of effluents are brought to the County laboratory for analysis. I am pleased to record the high degree of co-operation which exists between those in charge of the various works and the County Sanitary Officer, whose duty it is to make the inspections. This co-operation between the officials concerned is much to be commended and has, I feel certain, contributed towards the efficient maintenance of existing works.

RURAL WATER SUPPLIES AND SEWERAGE ACT, 1944.

It is pleasing to note that the various local authorities throughout the county are still showing considerable activity in the preparation of schemes for piped water supplies and for sewerage and sewage disposal, and there has been a steady flow of new schemes for consideration.

Many of the schemes for the supply of water to rural areas depend upon the ability of the Leicester Corporation to meet the demand. The Corporation has shown a very gratifying willingness to co-operate, but it must be realised that its present water resources are limited and, for the time being, the needs of the rural areas of the County cannot be met in full. In this respect the report of the Ministry of Health on the Water Supply Survey of Leicestershire is eagerly awaited, as until this is received and an indication given to the Leicester Corporation as to further sources of supply, the proposals for the county areas must be regarded, to some extent, as tentative only.

During the year 20 individual schemes have been considered, 10 of which relate to water supplies and 10 to sewerage and sewage disposal. This brings the total number of schemes considered since the passing of the Act to 59, of which 27 relate to water supplies and 32 to sewerage and sewage disposal.

Public Health Inquiries have been held in respect of 5 schemes of sewerage and sewage disposal, and of 2 schemes of water supply. The Minister of Health has also indicated the provisional amounts of Government grants under the Act in respect of 1 water supply scheme and 4 schemes of sewerage and sewage disposal, the total amount involved being £31,500.

The two Public Health Inquiries in respect of water supplies mentioned above, were held in relation to those parts of the Lutterworth and Market Harborough rural districts which form the major supply scheme known as the "South Leicestershire Scheme (Western) Area."

As regards the two major schemes for South East Leicestershire and North East Leicestershire, these have been abandoned as separate schemes, and the principle of one combined scheme of supply for Eastern Leicestershire has been approved. A conference was held at the Ministry of Health in December and consultations have been held with the local authorities concerned. The new scheme is being prepared by the Leicester Corporation Water Engineer.

WATER ACT, 1945.

In September and October, the Minister of Health made three Orders under section 11 of the Water Act, 1945, authorising the Leicester Corporation to furnish a supply of water to certain premises in the parishes of Keyham, Frisby, Gaulby, King's Norton, and Carlton Curliou; all within the Billesdon rural district.

Later the Leicester Water Extension Order, 1947, dated 30th December, 1947, was made, which added the following limits to the City of Leicester authorised area of supply:—

- (a) in the Barrow-upon-Soar rural district—the parishes of Beeby, Rearsby, Thrussington, Walton-on-the-Wolds, Burton-on-the-Wolds, and Wymeswold.
- (b) in the Billesdon rural district—the parishes of Carlton Curliou, King's Norton, Gaulby, Frisby, Billesdon, Houghton-on-the-Hill, and Keyham.

POLLUTION OF RIVERS AND STREAMS.

The various rivers and streams in the county have been inspected at regular intervals, and samples of water taken, for analysis, from points at short distances above and below the outfalls of effluents from sewage disposal works and farms.

The principal river in the county is the River Soar and particular attention is directed to this watercourse and its tributaries.

In the years immediately prior to the late war, regular investigations of this river were carried out under the auspices of the Ministry of Agriculture and Fisheries as part of the annual hydrographical survey of the Trent watershed. Since the war, this survey has not been re-instituted but, during the year under review, the County Sanitary Officer has carried out a full survey of the river and its tributaries, in the course of which survey 23 samples were submitted for laboratory analysis.

SANITARY INSPECTION.

SANITARY INSPECTION BY DISTRICT COUNCILS.

DISTRICT	No. Complaints received	No. Defects or nuisances covered	No. Premises Visited		No. of Notices served			Summary action	
			Inspections	Re-visits	Preliminary		Statutory	Summons issued	(Convictions obtained)
					Housing	Other			
URBAN DISTRICTS									
Ashby-de-la-Zouch	150	226	703	135	74	91	1	—	—
Ashby Wolds ...	42	71	2,372	265	—	2	—	—	—
Coalville ...	175	166	3,459	858	148	312	25	1	1
Hinckley ...	430	1,089	3,647	3,466	162	216	22	13	—
Loughborough M.B.	1,710	2,608	5,855	9,450	44	1,230	—	39	—
Market Harborough	276	642	4,380	2,948	39	309	—	—	—
Melton Mowbray	151	405	736	1,095	68	121	—	3	—
Oadby ...	11	32	720	—	15	134	5	—	—
Shepshed ...	80	132	1,318	225	47	66	24	—	—
Wigston ...	201	762	1,416	2,905	68	622	—	—	—
RURAL DISTRICTS									
Ashby-de-la-Zouch	182	213	1,790	1,504	118	282	—	67	25
Barrow-on-Soar	512	805	6,773	3,064	154	241	22	9	5
Billesdon ...	126	123	1,251	502	34	278	1	—	—
Blaby ...	325	451	5,051	1,603	99	234	20	11	—
Castle Donington	306	248	755	248	51	103	—	43	25
Lutterworth ...	101	77	1,185	—	—	128	—	3	—
Market Bosworth	220	140	2,677	906	—	211	—	36	—
Market Harborough	147	88	2,954	—	30	166	—	—	—
Melton & Belvoir	324	370	4,108	791	112	26	2	31	—
TOTALS	5,469	8,648	51,150	29,965	1,263	4,772	122	283	56

Closet Accommodation.

The following table shows the position as regards closet accommodation in the county at 31st December, 1947:—

DISTRICT	Privies	Pail closets	Water closets	TOTAL	Converted to Water closets		Privies converted to Pail closets
					Privies	Pail closets	
URBAN DISTRICTS							
Ashby-de-la-Zouch...	66	56	1,120	1,242	—	—	—
Ashby Wolds ...	8	31	615	654	—	3	—
Coalville ...	223	250	6,888	7,361	7	—	—
Hinckley ...	4	229	10,002	10,235	1	3	—
Loughborough M.B.	20	207	12,455	12,682	3	6	—
Market Harborough	3	17	4,256	4,275	—	—	—
Melton Mowbray ...	—	9	3,470	3,479	—	—	—
Oadby ...	—	33	1,795	1,828	—	—	—
Shepshed ...	54	455	1,450	1,969	—	8	—
Wigston ...	—	24	4,924	4,948	—	—	—
RURAL DISTRICTS							
Ashby-de-la-Zouch...	413	1,600	1,745	3,758	22	2	32
Barrow-on-Soar ...	38	1,988	11,920	13,946	1	63	1
Billesdon ...	117	1,390	685	2,192	—	11	—
Blaby ...	—	2,200	8,800	11,000	—	120	—
Castle Donington ...	58	323	2,204	2,585	2	2	4
Lutterworth...	46	1,744	1,548	3,338	1	4	7
Market Bosworth ...	2	3,097	3,281	6,380	—	94	1
Market Harborough	170	95	1,842	2,107	9	7	—
Melton & Belvoir ...	803	3,255	1,413	5,471	—	9	3
TOTALS	2,025	17,003	80,412	99,440	46	332	48

It is worthy of comment to note that 120 pail closets were converted to water carriage in the Blaby rural district, 94 in the Market Bosworth rural district, and 63 in the Barrow-upon-Soar rural district.

Complaints.

The following complaints were received during the year and were referred to district officers:—

General sanitary matters	...	...	...	39
Housing	...	...	...	52
Water supplies	...	...	...	3
				<hr/> 94

Public Cleansing.

During recent years there has been a great improvement throughout the county in Public Cleansing particularly as regards collection of house refuse, and by the end of the year the practice of employing contractors for the removal and disposal of refuse had, with the exception of one remote parish in an urban district, been entirely replaced by the "direct labour" method.

Of the 10 urban areas, weekly collections of house refuse were maintained in 6 districts, fortnightly collections in 3 districts, and in the remaining districts from 7—14 days.

In the 9 rural districts, every inhabited parish is served by routine collections; 6 districts maintaining weekly collections and 3 districts maintaining fortnightly collections.

Most of the urban districts have arrangements for the collection of trade refuse, as have 4 of the rural districts; a charge being made for this service.

Motor vehicles have almost entirely superseded the horse-drawn type in the collection service; a total of 64 motor vehicles of various types and 5 horse-drawn vehicles being engaged throughout the county.

There are three methods of disposal used, viz., controlled tipping, crude tipping and incineration. In the urban districts there are 11 controlled tips and 3 crude tips. Incineration is the chief method employed in 2 urban districts, and in 1 district about 25% of the refuse is incinerated as a means of steam raising at the sewage works.

The rural areas rely solely on tipping; there being 14 controlled and 21 crude tips.

The number of refuse tips scattered throughout rural areas needs careful consideration. It is realised that there must be a number of tips and that in many areas labour and haulage costs prohibit the use of one central tipping site, but I would strongly urge all local authorities to reduce the number of tips to the minimum essential for the maintenance of the Public Cleansing service. The reductions in tipping sites is urged particularly in respect of crude tips, which, in addition to becoming public eyesores, can and do become ideal focal points for the breeding of vermin and insect pests. Good controlled tipping is a valuable aid towards reclaiming otherwise unusable land, whereas indiscriminate crude tipping is a menace both to health and the amenities of the countryside.

Shops Acts, 1912 to 1938.

Certain provisions of these Acts affect the health and comfort of shop workers. These provisions give power to require suitable and sufficient means of ventilation, heating and lighting, sanitary conveniences, washing facilities, facilities for the taking of meals, and seats for female shop assistants.

The responsibility for the enforcement of these provisions in Leicestershire is divided as follows:—

Ventilation	}	Loughborough Borough Council and all the Urban and Rural District Councils.
Heating		
Sanitary conveniences	}	Loughborough Borough Council, Coalville and Hinckley Urban District Councils: elsewhere in the County, the County Council (administered by the County Police).
Lighting		
Washing facilities		
Facilities for taking meals		
Seats for female shop assistants		

The work done by the district councils during the year may be summarised as follows:—

Defects.	Outstanding from previous year.	Defects found.	Defects remedied.	Outstanding 31/12/47.
Sanitary conveniences ...	3	43	46	—
Heating	—	10	9	1
Ventilation	—	10	10	—
Washing facilities ...	1	20	20	1

Swimming Baths and Pools.

In this county there are 22 swimming pools and baths, of which 10 are publicly owned and 12 are privately owned. All of the publicly owned baths are situated in urban districts. Of these 2 are not in use, 1 having only been de-requisitioned recently, and the other closed due to a suspicious water supply.

Of the privately owned pools, several are reserved for private use only.

The pools which are open to the public have been inspected on 139 occasions during the year.

There is a general lack of "safe" bathing and swimming facilities in the county. With sea-water bathing being available only to those who can afford an annual seaside holiday, it seems to me that more action should be taken by local authorities to provide public swimming baths, as they are empowered to do under Section 221 of the Public Health Act, 1936.

There has been much emphasis recently on the need for preserving the fitness of the nation and the need for adequate recreational facilities, and this is one sphere in which the local authorities have the necessary power and opportunity to make a worthwhile contribution.

Camping Sites.

The number of sites in the county used for camping purposes during 1947 was 22, of which 13 were in rural areas and 9 in urban districts. Camping sites in respect of which licences have been issued by local authorities under Section 269 of the Public Health Act, 1936, totalled 14, of which 10 were in rural districts. It is interesting to note that 9 of these licences were issued by the Barrow-upon-Soar R.D.C. In this rural district is situated a large proportion of the Charnwood Forest which is a very popular "playground" for the industrial population of the City of Leicester.

HOUSING.

The following table summarises the activities of the District Councils in connection with the provision of new houses.

Applicants for Council houses number 15,264 as against 14,353 last year, and 3,880 houses have been erected or were in the course of erection at the end of the year compared with 2,399 at the same time last year.

District	Total no. of applicants for council houses at end of year	Houses completed during year 1947		Houses in course of erection at end of year			
		Local authority		Private enterprise	Local authority		Private enterprise
		Temp.	Perm.		Temp.	Perm.	
URBAN DISTRICTS							
Ashby-de-la-Zouch	450	—	10	1	—	70	5
Ashby Wolds ...	240	45	—	—	26	—	—
Coalville ...	1,200	50	36	35	—	108	18
Hinckley ...	1,368	10	197	100	—	69	45
Loughborough M.B.	1,886	—	99	13	—	158	11
Market Harborough	700	—	37	18	—	29	30
Melton Mowbray ...	580	—	14	16	—	140	8
Oadby ...	272	—	10	14	—	90	5
Shepshed ...	320	—	18	4	—	42	6
Wigston ...	431	—	32	19	—	112	4
RURAL DISTRICTS							
Ashby-de-la-Zouch	1,105	—	18	8	—	38	8
Barrow-on-Soar ...	1,700	63	95	210	—	289	52
Billesdon ...	200	—	40	36	—	25	12
Blaby ...	1,590	40	91	168	—	117	90
Castle Donington...	395	20	25	21	—	33	1
Lutterworth ...	500	24	30	14	—	68	10
Market Bosworth ...	1,300	46	50	38	—	45	18
Market Harborough	427	—	58	2	—	66	—
Melton & Belvoir ...	600	12	14	14	—	100	17
Totals ...	15,264	310	874	731	26	1,599	340

Housing (Rural Workers) Acts, 1926-1942.

In the last Annual Report, details were given of the work carried out in the 20 years which had elapsed since the inception of the Acts.

Although the Acts terminated on 30th September, 1945, there still remained some properties on which works were not completed, but work on the last two of these properties was finished during the year under review.

Section 3 of the Act of 1926, as amended by Section 4 of the Act of 1938, lays down certain conditions relating to the type of occupant, the amount of rent authorised to be charged and maintenance of houses which have been the subject of grant aid under the Acts, and in the past it has been the practice to forward annually to the owners of the properties concerned, a Certificate of Compliance for completion.

During 1947 this procedure was changed and a survey of the whole of the properties was carried out. This entailed the making of 168 visits and inspections by the County Sanitary Officers and the results of the survey were as follows:—

No. of properties occupied by Agricultural Workers and workers directly connected with agriculture	91
No. of properties occupied by workers of a "similar economic condition"	10
No. of properties occupied by widows, spinsters and old age pensioners	23
No. of properties not occupied at time of visit	5
	<hr/>
No. of properties occupied by persons not considered to be of a "similar economic condition"	129
	<hr/>
Total No. of properties	156

The general picture presented by this survey was that in the majority of instances reasonable compliance with the provisions of the Acts was being maintained.

There were, however, a few properties in which structural deterioration was evident and in all these cases the properties have had further detailed inspections and the owners have been interviewed and it is pleasing to note that, to date, the necessary repairs have either been completed or the owners have given assurances that the work will be carried out.

SUMMARY OF THE ORDINARY HOUSING ACTIVITIES IN THE VARIOUS DISTRICTS IN THE COUNTY DURING 1947:—

DISTRICT	INSPECTION OF DWELLING HOUSES DURING YEAR				No. of defective dwelling houses rendered fit in consequence of informal action by the local authority or their officers	ACTION UNDER STATUTORY POWERS DURING YEAR							HOUSING ACT, 1936, PART IV.—OVERCROWDING					
	Total No. of dwelling houses inspected for housing defects (under Public Health or Housing Acts)†	No. dwelling houses inspected and recorded under the Housing (Consolidated) Regulations 1925 & 1932 (included in previous column)	No. dwelling houses found to be in a state so dangerous or injurious to health as to be unfit for human habitation	No. dwelling houses found not to be in all respects reasonably fit for human habitation (exclusive of those in previous column)		HOUSING ACT, 1936, SECTIONS 9, 10 & 16		PUBLIC HEALTH ACTS		HOUSING ACT, 1936, SECTIONS 11 & 13		HOUSING ACT 1936, SEC. 12	No. dwelling houses overcrowded at end of year	No. families dwelling therein	★ No. persons dwelling therein	No. new cases of overcrowding reported during year	No. cases of overcrowding relieved during year	★ No. persons concerned in such cases
						No. dwelling houses in respect of which notices were served requiring repairs	No. dwelling houses rendered fit after service of formal notices (By owners)	No. dwelling houses in respect of which notices were served requiring defects to be remedied	No. dwelling houses in which defects were remedied after service of formal notices (By owners)	No. dwelling houses in respect of which demolition orders were made	No. dwelling houses demolished in pursuance of demolition orders	No. separate tenements or underground rooms in respect of which closing orders were made						
URBAN DISTRICTS																		
Ashby-de-la-Zouch...	102	—	—	45	30	1	—	—	—	—	—	—	12	18	92	6	3	18
Ashby Woulds ...	141	—	—	17	17	—	—	—	—	—	—	—	—	—	—	—	—	—
Coalville ...	314	126	6	109	181	25	20	11	12	—	—	—	29	39	255	3	6	53
Hinckley ...	364	7	7	357	354	16	12	23	20	7	16	—	29	43	248	8	2	15
Loughborough M.B.	1,317	2	2	41	39	—	—	39	16	—	—	—	—	—	—	—	—	—
Market Harborough	133	—	—	51	43	—	—	—	—	—	—	—	11	22	97	16	8	68
Melton Mowbray ...	156	—	—	156	127	—	—	3	3	—	—	—	—	—	—	—	19	74
Oadby ...	220	—	—	15	8	5	—	134	133	—	—	—	17	17	102	2	12	72
Shepshed ...	210	10	10	26	18	—	—	24	16	—	—	—	—	—	—	—	—	—
Wigston ...	494	—	—	68	66	4	—	4	4	—	—	—	30	65	250	10	2	14
RURAL DISTRICTS																		
Ashby-de-la-Zouch...	1,109	118	—	118	84	—	—	46	59	—	—	—	79	121	627	—	14	45
Barrow-on-Soar ...	1,310	128	11	166	—	—	—	19	17	2	2	—	32	34	204	8	4	21
Billesdon ...	330	1	16	132	297	—	—	—	—	1	1	—	—	—	—	—	—	—
Blaby ...	741	158	25	133	14	—	—	20	23	—	—	—	31	49	250	12	25	118
Castle Donington ...	154	48	2	152	109	—	109	64	—	1	—	—	—	—	—	—	—	—
Lutterworth ...	301	—	—	—	—	—	—	—	—	—	—	—	57	57	—	—	9	—
Market Bosworth ...	264	—	5	44	36	—	—	46	31	—	—	—	—	—	—	10	136	630
Market Harborough	400	—	249	151	32	—	—	—	—	—	—	—	—	—	—	—	—	—
Melton & Belvoir ...	963	851	2	44	32	1	1	20	12	—	—	—	178	316	880	81	50	162
TOTALS ...	9,023	1,449	335	1,825	1,487	52	142	453	346	11	19	—	505	781	3,005	156	290	1,290

★ NOTE—In determining the number of persons sleeping in a house, Section 58 Housing Act, 1936, states that a child who has attained one year and is under ten years old, shall be reckoned as one-half of a unit.

† NOTE—In certain Rural Districts, inspections under the Rural Housing Survey are included under this heading.

INSPECTION AND SUPERVISION OF FOOD.

MILK SUPPLIES.

"Tuberculin-Tested" Milk.

On December 31st, 1947, there were 147 farms licensed to produce "Tuberculin-Tested" milk, and 87 of these also held certificates of "Attestation" issued by the Ministry of Agriculture and Fisheries. During the year 50 new licences were issued and 11 licences were discontinued.

"Accredited" Milk.

On December 31st, 1947, there were 535 licences in force for the production of "Accredited" milk. During the year 41 new licences were issued and 48 licences were discontinued, including 24 transfers to "Tuberculin-Tested" licences.

The Milk (Special Designations) Regulations, 1936-46. *Licences in operation on 31/12/47.*

DISTRICT	LICENCES ISSUED BY COUNTY COUNCIL					LICENCES ISSUED BY DISTRICT COUNCILS :—									
	Tuberculin Tested			Accredited		"Tuberculin Tested"				"Accredited"			"PASTEURISED"		
	Production & Bottling	Licences	Total	Production & Bottling	Licences	Total	Bottling	Distribution		Bottling	Dealers		Pasteurising plants	Dealers	Retail Distribut'n
								Dealers	Supplementary		Dealers	Supplementary			
URBAN DISTRICTS															
Ashby-de-la-Zouch	2	5	10	—	10	10	1	—	—	—	—	—	1	—	1
Ashby Wolds	—	—	2	1	2	2	—	—	—	—	—	—	—	—	—
Coalville	1	1	10	3	10	13	—	5	—	—	1	—	—	1	—
Hinckley	1	4	38	2	38	40	—	2	—	—	—	—	1	2	—
Loughborough M.B.	2	4	9	2	9	11	1	—	—	—	—	—	1	3	—
Market Harborough	—	—	4	1	4	5	2	2	—	—	—	—	2	1	—
Melton Mowbray	—	—	4	1	4	5	—	—	—	—	—	—	1	1	—
Oadby	1	1	3	—	3	4	—	—	—	—	—	—	—	—	—
Shepshed	—	2	1	—	1	3	—	—	—	—	—	—	—	—	—
Wigston	—	1	6	—	1	7	—	—	3	—	—	—	1	—	2
RURAL DISTRICTS															
Ashby-de-la-Zouch	3	7	59	1	59	62	—	—	1	—	—	—	—	3	1
Barrow-on-Soar	1	9	52	4	52	56	—	—	3	—	—	—	—	4	4
Billesdon	4	20	26	2	26	28	—	—	—	—	—	—	—	—	—
Blaby	2	11	52	6	52	58	1	3	—	—	—	—	1	2	6
Castle Donington	1	7	42	2	42	44	—	—	2	—	1	—	—	1	1
Lutterworth	1	16	30	—	30	31	4	1	—	—	—	—	—	—	1
Market Bosworth	3	38	110	2	110	113	—	—	—	—	—	—	—	—	1
Market Harborough	2	5	27	1	27	28	—	1	—	1	—	—	—	—	—
Melton & Belvoir...	4	16	50	1	50	51	1	—	—	—	—	—	1	—	2
TOTALS	28	147	535	29	535	564	10	14	11	1	2	—	8	14	25

Milk (Special Designations) Regulations, 1936 to 1946.

The foregoing table gives a summary of the "Accredited" and "Tuberculin-Tested" licences in operation on 31st December, 1947.

One "Accredited" producer was dealt with during the year by the Public Health and Housing Committee because of unsatisfactory conditions at his premises and poor sampling record. The licence of this producer was suspended for three months from July onwards. A further inspection was made in October and as there was no material improvement, the licence was suspended for a further three months.

It is interesting to note the changes in the numbers of yearly licences issued for the production of designated milks in the county as shown by the following figures:—

Licences in operation at 31st December.	"Accredited"	"Tuberculin Tested"	Total
1940	595	20	615
1941	501	19	610
1942	573	23	596
1943	563	35	598
1944	558	59	617
1945	549	85	634
1946	542	108	650
1947	535	147	682

During the year, the following applications for licences were dealt with, including inspections, alterations to premises, etc.:—

For "Accredited" licences	...	...	...	54
For "Tuberculin Tested" licences	...	...	...	46
For transfer from "Accredited" to "Tuberculin Tested" licences	...	...	...	29
Total	...	...	...	129

The following table gives the numbers of milk samples collected from farms during the last five years. These figures do not include samples collected by the district sanitary inspectors. It should be noted that, in spite of the severe winter weather in the early months of 1947, and the very hot summer which produced conditions unsuitable for taking samples and also the fact that there was one sampling officer instead of two for half of the year, the total number of samples collected was only 300 less than the previous year.

	1947	1946	1945	1944	1943
"Accredited" producers	1,320	1,766	1,027	884	785
"Tuberculin Tested" producers ...	384	339	165	122	38
Miscellaneous (mainly farm investigations)	119	86	88	117	105
	1,823	2,191	1,280	1,123	928

Clinical Examinations and Tuberculin Testing of Cattle.

The following is a summary of reports of the divisional inspector of the Ministry of Agriculture and Fisheries:—

(a) Clinical examination of dairy cattle:

	No. of herd inspections	No. of cattle examined
"Tuberculin Tested" herds ...	210	11,929
"Accredited" herds ...	1,084	33,959
Non-designated herds ...	1,328	18,837

(b) Tuberculin testing of "Tuberculin Tested" herds:

Number of cattle tested	...	14,114
Number of reactors found	...	105 (0.74%)

MILK SUPPLIES TO SCHOOLS AND PUBLIC ASSISTANCE INSTITUTIONS.

There are now 319 establishments in the county where the milk supplies are subject to the supervision of the county sanitary staff—307 schools, and 12 public assistance institutions and children's homes.

The following table shows the various classes of milk being supplied to these establishments at 31st December, 1947, with comparable figures at 31st December, 1946:—

School and P.A.I. Milk Supplies at 31st December, 1947.

	"Tuberculin-tested"	"Pasteurised"	"Heat-treated"	"Accredited"	Non-designated raw milk	Dried Milk	TOTALS
SCHOOLS—							
Secondary Grammar ...	1	9	2	—	2	—	14
Secondary Technical ...	—	—	—	—	1	—	1
Secondary Modern ...	—	19	—	2	—	—	21
Primary ...	17	166	6	29	48	1	267
Nursery ...	—	4	—	—	—	—	4
P.A.Is and CHILDRENS' HOMES ...	1	6	1	2	2	—	12
TOTALS ...	19	204	9	33	53	1	319
COMPARABLE FIGURES AT 31-12-46 ...	17	199	14	35	55	1	321

MILK AND DAIRIES ORDER, 1926.

The following table summarises the inspections made and samples collected by the district councils.

District	Registered cow-keepers	Inspection s	Registered dairy-men	Inspection s	Milk samples collected		
					Satis.	Unsatis.	Total
URBAN DISTRICTS							
Ashby-de-la-Zouch	38	43	10	10	7	3	10
Ashby Woulds ...	8	16	...	...	...	...	...
Coalville ...	47	74	51	65	114	16	130
Hinckley ...	77	256	66	53	61	4	65
Loughborough M.B.	40	126	29	253	89	12	101
Market Harborough	8	20	4	69	39	8	47
Melton Mowbray ...	23	34	7	19	23	2	25
Oadby ...	9	12	19	6	...	...	...
Shepshed ...	26	80	4	12	41	1	42
Wigston ...	16	63	62	120	173	6	179
RURAL DISTRICTS							
Ashby-de-la-Zouch	213	207	2	5	37	4	41
Barrow-on-Soar ...	364	291	151	151	77	11	88
Billesdon ...	156	59	40	26	7	...	7
Blaby ...	185	157	19	25	89	7	96
Castle Donington...	109	97	7	48	2	...	2
Lutterworth ...	295	153	21	20	...	...	...
Market Bosworth ...	382	227	144	39	11	...	11
Market Harborough	151	198	3	8	17	1	18
Melton & Belvoir ...	846	316	291	102	121	23	144
Totals ...	2,993	2,429	930	1,021	908	98	1,006

ICE-CREAM.

The Food and Drugs Act, 1938, provides for the registration of premises where ice-cream is prepared, etc., and the Ice-Cream (Heat Treatment, etc.) Regulations, 1947, with their more specific requirements have made it necessary to formulate standards.

The district sanitary inspectors, working in conjunction with the County Sanitary Officer, have prepared a uniform standard for premises, etc., to facilitate the administration of the Act and Regulations.

The following are the standards required and it is hoped that these standards will be adopted throughout Leicestershire, as they will assist members of the trade and those responsible for the administration of the Act and Regulations:—

"ICE-CREAM PREMISES."*Standard Requirements for Leicestershire.*

"Registration of Ice Cream premises is required under the provisions of Section 14 of the Food and Drugs Act, 1938.

A person proposing to occupy premises for the sale, or manufacture for the purpose of sale, or the storage of ice-cream intended for sale, must apply to the local authority for registration of the premises.

Sub-section (3) of Section 14 of the Food and Drugs Act, 1938, requires that as a condition of registration the provisions of Section 13 of the Act shall be complied with, and that, in addition, the premises are suitable for the purpose.

Upon change of occupation of premises, the in-coming occupier shall forthwith give notice of the change to the local authority.

MANUFACTURE OF ICE-CREAM.*Structure.*

A separate room for the manufacture of ice-cream shall be provided having a floor area not less than 80 sq. ft. and a minimum height of 8ft.

The surface of the walls of the room shall be of an impervious material to a height of not less than 4ft. 6ins. Such material shall consist of glazed tiles, or cement rendering, trowel finished to a smooth surface, or other approved materials. Above that height the walls shall be made non-absorbent with paint or other suitable material so as to render them capable of being easily cleansed.

The ceiling shall be constructed in such a manner as to be dust-proof.

Floor and Drainage.

The floor shall be constructed of cement concrete worked to a hard smooth surface, or other suitable approved impervious materials, and with falls to a properly trapped gully outside the building and connected to a drainage system, the floor to be at least 4ins. above the level of the adjoining ground and coved to the walls.

Light and Ventilation.

A window or windows shall be provided to give ample natural light and ventilation. The window area shall be at least 1/10th of the floor area. Means of artificial lighting and adequate permanent ventilation shall be provided. All openings shall be adequately fly proofed.

Water Supply.

An adequate supply of wholesome water shall be provided within the room.

Approach.

Satisfactory means of approach to the room or building shall be provided and shall at all times be maintained in a cleanly condition.

Washing Facilities.

Suitable washing facilities shall be provided and shall consist of a fixed wash-hand basin of approved type together with a constant supply of hot and cold water readily available, also soap and clean towels.

Cleansing of Equipment.

A glazed sink or suitable metal receptacle large enough to soak and wash all equipment used in connection with ice-cream, also an adequate supply of hot water for the purpose shall be provided. Suitable facilities for sterilising equipment by steam or boiling water or other approved arrangements, shall be installed. All equipment shall be maintained at all times in a satisfactory condition.

Storage.

Suitable accommodation shall be provided for the storage of all materials and equipment when not in use.

General.

Where circumstances require, there shall be provided in addition to the manufacturing room, a separate room, or compartment for the cleansing and sterilising of all the equipment.

Where a "complete cold mix" is used, processing shall be carried out in a separate approved room; and there shall be installed in the shop or other approved position, an efficient ice-cream refrigerator fitted with a suitable indicating thermometer.

RETAIL SALE OF LOOSE ICE-CREAM.

The sale of ice-cream from "general" shops (other than confectionery, sweets and other similar articles) shall not be permitted.

Ice-cream shall be received in a covered container from a registered manufacturer or vendor, and while on the retailer's premises, shall be placed in the shop or other approved position, and stored in an efficient refrigerating cabinet fitted with a suitable indicating thermometer.

The shop or building shall be of satisfactory construction and of a suitable type.

The container shall receive preliminary cleansing before return to the supplier, and the scoop or other article used in the retail sale of the ice-cream shall be cleansed and sterilised as often as may be necessary. (A separate building or room solely for these processes is not deemed to be necessary.)

Washing Facilities.

Suitable washing facilities shall be provided and shall consist of a fixed wash-hand basin of approved type together with a constant supply of hot and cold water readily available, also soap and clean towels.

Retail Sale of Pre-packed Ice-cream.

The sale of ice-cream in closed cartons or wrappings shall be permitted where the premises are of a satisfactory type and suitable for the sale of the commodity.

Ice-cream shall be received in closed cartons or packets from the manufacturer, and shall be stored on the premises in an efficient refrigerating cabinet fitted with a suitable indicating thermometer and placed in the shop or other approved position. Ice-cream shall be stored and sold unopened in the original cartons or wrappings.

Sale of Ice-cream from Vehicles, Stalls, Barrows, etc.

Unless pre-packed ice-cream only is sold the vehicles, stalls, barrows, etc., shall be fitted with an overall roof cover to protect the retailing unit from both excessive sun and adverse climatic conditions. Suitable glass or perspex screens or domes with sliding serving hatches shall be fitted to protect the ice-cream conservator, the biscuits, cornets, servers and the utensil rinsing bowl. All vehicles, etc., shall be provided with a box or drawer to hold soap and towels so that hand cleansing can be carried out by the person selling. (See Reg. 5 of the Heat Treatment Regulations, page 5.)

GENERAL.

At all stages necessary precautions shall be taken to prevent contamination of the ice-cream.

To help the Officers administering the Ice-cream Regulations and to get uniformity throughout the County in testing the sterility of utensils, etc., the following method was agreed upon and circulated to each Sanitary Inspector:—

A METHOD OF TESTING THE STERILITY OF UTENSILS AND APPARATUS.

Equipment required.

Normal type Sampling Glass Jar.

Cotton Wool.

Artery or sponge-holding forceps about 8ins. long.

Preparation of Equipment.

Place a wad of cotton wool of convenient size in the glass jar and fill about one-third with tap water.

Stand the jar with cap lodged loosely on top in a saucepan containing about 1½ inches of water, on a gas ring and boil for half an hour. When cool, screw on cap firmly.

The forceps may be flamed at the ice-cream premises immediately before use, or, if preferred, may be boiled or otherwise sterilized and carried in a sterile metal case.

Procedure.

The swabbing operation should be conducted at the ice-cream premises in the presence of the manufacturer, either soon after the apparatus has undergone the process of cleansing and sterilization, or immediately prior to use for the manufacture of ice-cream.

For this purpose, the cap of the glass jar is removed and the cotton wool wad is gripped in the centre with the forceps and pressed against the inside of the jar to remove excess water. The whole of the internal surfaces of utensils and apparatus with which the ice-cream comes into contact during the process of manufacture, is carefully rubbed or swabbed with the cotton wool wad, and during the procedure, the wad is frequently stirred in the jar and pressed out as previously described. Finally, the wad is replaced in the jar and the cap screwed on.

Examination.

Within six hours of the swabbing taking place, the solution in the jar should be examined bacteriologically by the Plate Count Method, 1 c.c. being used.

Result of Test.

The Report of the bacteriologist would state either 'Sterile' or 'Not Sterile.'

Rinse Method.

As an alternative when any particular utensil is required to be tested, the sterile water in the jar may be used as a rinse. For this purpose, it is poured into the receptacle to be tested and well agitated to ensure that it is in contact with the whole of the internal surface for a sufficient time before replacing in the sample jar.

Inspection.

Before conducting the test, the utensils and apparatus should be carefully inspected for the presence of surface defects and visible signs of uncleanly methods.

Remarks.

The above test may be found of assistance in tracing the possible cause of a sequence of unsatisfactory ice-cream samples in the case of any particular manufacturer. Its importance is emphasised by the fact that a large proportion of samples which have failed to pass the test has been due to inadequate cleansing and sterilization of utensils and apparatus."

I would like to take this opportunity of placing on record my appreciation of the co-operation received from the district sanitary inspectors in the preparation of this publication.

The County Sanitary Officer and the district sanitary inspectors are at the time of writing busy with the preparation for a standard for food preparing premises.

In this County, standards for cowsheds and dairies and Housing, have previously been prepared, with the result that uniform action is taken throughout the County, and by inspections and appropriate action methodically carried out, the standard of these premises has gradually been raised.

The following table gives details of the premises registered for the manufacture, etc., of ice-cream and also samples of ice-cream collected by the district sanitary inspectors during the year and examined in the County laboratory.

DISTRICT	No. of premises registered			No. of samples collected				
	Manufacture and Retail	Manufacture only	Retail only	Grade 1	Grade 2	Grade 3	Grade 4	TOTAL
URBAN DISTRICTS								
Ashby-de-la-Zouch...	—	—	2	5	1	3	1	10
Ashby Woulds ...	—	—	—	—	—	—	—	—
Coalville ...	21	—	12	5	1	4	6	16
Hinckley ...	6	—	36	6	5	17	12	40
Loughborough M.B.	2	—	5	3	4	1	2	10
Market Harborough	2	1	9	12	2	2	5	21
Melton Mowbray ...	2	1	11	1	3	2	5	11
Oadby ...	3	—	2	—	—	—	—	—
Shepshed ...	—	—	2	1	—	—	—	1
Wigston ...	—	—	7	—	—	—	—	—
RURAL DISTRICTS								
Ashby-de-la-Zouch...	—	—	1	—	—	—	—	—
Barrow-on-Soar ...	14	—	17	6	13	6	10	35
Billesdon ...	13	—	6	5	12	5	8	30
Blaby ...	2	—	—	—	—	—	—	—
Castle Donington ...	6	4	2	2	2	3	2	9
Lutterworth...	4	—	—	—	—	—	—	—
Market Bosworth ...	3	—	6	—	—	—	—	—
Market Harborough	2	—	4	—	—	—	—	—
Melton & Belvoir ...	—	—	—	—	—	—	—	—
TOTALS	79	6	122	46	43	43	51	183

Classification of Samples.

- Grade 1. Time taken to reduce methylene blue $4\frac{1}{2}$ hours or more.
 Grade 2. Time taken to reduce methylene blue $2\frac{1}{2}$ to 4 hours.
 Grade 3. Time taken to reduce methylene blue $\frac{1}{2}$ to 2 hours.
 Grade 4. Time taken to reduce methylene blue 0 hours (i.e. reduction at the end of pre-incubation period).

Samples in Grades 1 and 2 are classed as satisfactory and those in Grades 3 and 4 as unsatisfactory.

MEAT INSPECTION.

Slaughter Houses.

The following table shows the situation of the slaughter-houses, inspections made, etc., together with details of slaughtering in other districts of the county.

District	No. of regional slaughter houses	No. of inspections at time of slaughter	Total No. of animals slaughtered	Total No. of animals examined	No. of knackers' yards	No. of inspections
URBAN DISTRICTS						
Ashby-de-la-Zouch	...	...	12	12	...	...
Ashby Woulds ...	...	...	...	...	...	...
Coalville ...	1	841	10,335	10,335	...	...
Hinckley ...	1	529	8,617	8,172	...	...
Loughborough M.B. ...	...	274	274	274	1	36
Market Harborough	1	261	6,084	6,084	...	...
Melton Mowbray ...	1	450	9,250	9,250	1	6
Oadby ...	...	61	61	61	...	...
Shepshed ...	...	106	228	183	...	...
Wigston ...	...	154	154	154	1	12
RURAL DISTRICTS						
Ashby-de-la-Zouch	...	...	...	...	2	4
Barrow-on-Soar ...	...	67	1,468	87	2	17
Billesdon ...	...	...	...	...	...	...
Blaby ...	...	442	975	687	...	...
Castle Donington...	...	...	...	...	1	12
Lutterworth ...	...	107	...	107	3	6
Market Bosworth ...	...	121	2,331	230	...	...
Market Harborough	...	15	...	...	...	...
Melton & Belvoir ...	...	...	...	...	1	2
Totals ...	4	3,428	39,789	35,636	12	95

FOOD AND DRUGS.

The provisions of the Food and Drugs Act, 1938, dealing with the composition and adulteration of food and drugs, are administered by the county police. The following is a summary of the County Analyst's reports on samples taken in the county, and examined by him during the year.

	Number analysed	Number unsatisfactory	Remarks
Milk ...	164	26	Added water—13. Deficient in fat—13.
Apple juice ...	1	—	
Bacon ...	2	—	
Butter ...	9	—	
Cake flour, sweetened	1	—	
Cake mixture ...	1	—	
Cheese ...	2	—	
Cocoa ...	12	—	
Coffee ...	7	—	
Cooking fat ...	2	—	

Cream of tartar	12	—	
Custard powder	1	—	
Egg savouree	1	—	
Essence, almond flavouring	1	—	
Essence, "Brands"	1	—	
Essence, flavouring	1	—	
Essence of rennet	1	—	
Fish paste	12	—	
Gelatine	2	—	
Gravy powder	2	—	
Herbs, mixed	1	—	
Jam	2	—	
Lard	3	—	
Lemon flavoured powder	1	—	
Licquorice confectionery	1	—	
Malt cup	1	—	
Malto bar	1	—	
Margarine	4	—	
Meat pies	16	—	
Meat extract	3	—	
Mint	1	—	
Mustard	4	—	
Nut meats	2	—	
Nutmeg, ground	1	—	
Onions, dried	1	—	
Parsley	1	—	
Sage and onion stuffing	1	—	
Sandwich spread	1	—	
Sausages	10	—	
Sausage meat	2	—	
Sausages (preserved)	1	—	
Sausage rolls	3	—	
Soups	2	—	
Soup, tomato flavour	1	—	
Self-raising flour	4	—	
Semolina	14	—	
Spread	1	—	
Steak pie	1	—	
Sugar	10	—	
Table cream	2	—	
Table jelly and crystals	5	—	
Tea	4	—	
Thyme	5	3	Excess sand.
Thyme and parsley	1	—	
Vinegar	11	—	
Vita gravy	1	—	
Brandy	4	—	
Gin	21	5	Added water.
Indian Brandee	1	—	
Rum	10	—	
Whisky	13	—	
Bicarbonate of soda	1	—	
Camphorated oil	4	—	
Chest and lung mixtures	4	—	
Cough mixtures	4	—	
Epsom salts	12	—	
Glauber salts	10	—	
Glycerine	1	—	
Glycerine, artificial	1	—	
Influenza and fever cure	1	—	
Lung syrup and lung tonic	2	—	
Peppermint	1	—	
Saccharin tablets	7	—	
Syrup of figs	1	—	
"Appeal to cow" milk samples	33	—	
Totals	489	34	
1946	524	32	
1945	531	47	

Successful prosecutions were undertaken in eight cases where milk samples showed added water. A prosecution in a case of two samples of milk with a deficiency of milk fat of 13% each was dismissed.

Cautions were administered in 11 cases of milk deficient in fat.

Proceedings were taken against the vendor in the case of samples of gin with 14 and 15 parts added water, resulting in a fine of £10 10s. 0d. with costs.

The three unsatisfactory samples of thyme contained excess quantities of sand and the manufacturer recalled all existing stocks for replacement.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

A statistical record of infectious diseases notified during the year is to be found in Tables 3 and 4 at the end of this report.

A general survey of the year from the infectious diseases standpoint reveals little of note, with the exception of an outbreak of poliomyelitis.

A brief comment on the individual infectious diseases notified during the year follows herewith.

Scarlet fever.

The nature of this disease continued to be mild as shown by the fact that there were no deaths in the 447 cases notified. The apparently large number of 319 admissions to isolation hospital were no doubt partly due to routine medical precaution, and also to overcrowding in the homes of the patients, or occurrence of the disease in the homes of persons engaged in such occupations as milk production.

Whooping cough.

Notifications 718, deaths 9; as against the previous year, notifications 1,027, deaths 8.

It is known that experimental schemes for the immunisation against whooping cough are in operation in some areas of this country. It is expected that if the results are successful, the Ministry of Health will recommend the protective treatment to all local authorities. At present the evidence of its efficacy is not conclusive. Whooping cough can be an extremely serious disease, especially in infants, and can cause permanent damage to health.

Acute poliomyelitis.

In common with many other parts of the country, there was an outbreak of poliomyelitis, principally in the later summer months.

Epidemics occurred in this county in 1926 (72 notifications), 1935 (37 notifications), and 1938 (20 notifications). This year there were 31 original notifications, of which 23 were confirmed cases.

The majority of the cases occurred in August, September and October; and the outbreak died out in November. The cases were distributed evenly over the county, with no apparent link between cases.

There were two deaths, male and female, both in the 4—14 year age group.

Subsequent orthopædic hospital in-patient treatment was provided for four cases on account of paralysis. The prognosis is good for all those cases. Other cases have received out-patient treatment, and it is possible that a number of "missed cases" will be brought to light later on when presenting themselves on account of some orthopædic condition.

Measles.

Notifications 4,818, deaths 9; as against last year, notifications 632, and no deaths. This is the highest number of deaths for twelve years from this disease. Measles, like whooping cough, can be responsible for prolonged or even permanent damage to health, and is a disease which is treated somewhat casually by parents.

Diphtheria.

True notifications 13; last year 34. One death was recorded by the Registrar General as of a woman in the age group 45 to 64 years. Last year there were no deaths at all.

The year's results appear to be a confirmation of the efficiency of diphtheria immunisation. When it is recalled that immunisation in this county only commenced in the year 1941, the results are truly remarkable in the reduction of notified cases, admissions to hospital, and deaths. From a practical view, this must represent a considerable saving in money. Then again, it is known that not only was diphtheria a lethal disease, but that it was responsible for a considerable amount of subsequent infirmity and disease in those who survived the attack, especially children. This represents an additional saving, not only in money, but in health too.

General comment on other diseases.

There was an epidemic of dysentery November, 1945, to March, 1946, during which time 1,022 cases were notified. Notifications in 1947 fell to 30.

Cerebro-spinal fever and meningitis showed an increase over the previous year; notifications 24, deaths 8: as against the year 1946, notifications 16, deaths 1.

REPORT OF THE CHIEF TUBERCULOSIS OFFICER.

<i>Prevalence of Tuberculosis,</i>	Year 1947	Average for preceding ten years
Pulmonary tuberculosis:—		
Notifications	230	200
Deaths	124	132
Death rate	0.38	0.42
Non-pulmonary tuberculosis:—		
Notifications	75	90
Deaths	26	33
Death rate	0.08	0.11
Total for both pulmonary and non-pulmonary tuberculosis:—		
Notifications	305	290
Deaths	150	165

The number of notifications of pulmonary tuberculosis has increased by 45, in comparison with last year's figure. The deaths have increased by 24. This is disappointing, as the figure of 100 deaths for last year was a record for the County. It is difficult to account for the rise, but the very severe winter may have had something to do with it.

The number of notifications of non-pulmonary tuberculosis shews a decrease of 11, and the deaths a decrease of 5, on last year's figures.

The total for both pulmonary and non-pulmonary gives a figure of 305 as against 271 notifications, and 150 as against 131 deaths.

Out-patient dispensary work (for details see Table T.B.1).

The number of attendances at dispensaries has been 7,548, as against 7,327 in 1946. X-ray photographs of pulmonary cases have been taken at Markfield Sanatorium, and a certain number of surgical cases have been X-rayed there during the year. The total number taken was 2,351.

The number of specimens of sputum examined was 1,028, of which tuberculosis medical officers submitted 686.

Domiciliary work.

1. Open-air shelters.—The number of shelters on loan during the year was 37, and the number of inspections carried out by the County Nursing Association was 62.

2. Nursing of advanced cases.—The number of visits made by district nurses under the direction of the County Nursing Association was 3,297.

3. Extra nourishment.—£25 has been expended on 5 patients. The grant is one pint of milk per day and one dozen eggs (when possible) per week to each patient.

4. Additional help.—The cost of splints, crutches, surgical boots, travelling expenses and dentures has entailed an expenditure of £127 on 14 patients, as against £66 on 22 patients last year. Domiciliary help is also given to suitable cases in the shape of beds, bedding, sponge rubber mattresses, air-rings, bed-rests, etc., which are issued on loan.

5. Domiciliary visits.—Tuberculosis medical officers have paid 1,755 visits to patients' homes: Dr. Coward 615, Dr. Lane 1,140. The health visitors paid 3,506 visits and the district nurses 3,297.

Surgical Tuberculosis.

The numbers of patients admitted to orthopaedic hospitals and of those remaining under treatment, and other information will be found in Table T.B.2.

Out-patient treatment is available at the Leicester City Clinic, Richmond House, The Newarke, Leicester, under Mr. Morris; The Cripples' Guild, Packe Street, Loughborough, under Mr. Malkin; and at the Coalville and Hinckley Orthopaedic Clinics under Mr. Nisbet.

Lupus.

Cases of Lupus are treated at the Skin Department, Leicester Royal Infirmary, under the care of the skin specialist. They also attend the out-patient dispensaries for general supervision.

Ministry of Health Memo. 266/T.

The scheme of allowances under the Ministry of Health's Memo. 266/T. was continued in 1947 and during the year the following allowances were given:—Maintenance, 72; Discretionary, nil; Special Payment, 1.

General comments.

This is the last full year of the old regime. 1948 heralds in the New Health Act, and with it, of course, changes in regard to administration and in other directions. The Sanatorium and the Clinics, with their respective staffs, will come under the control of the Regional Hospital Board. Much work in the past has been done in the campaign against Tuberculosis, and the results on the whole have shewn marked improvement, which should be an encouragement for the future. We can only hope and pray that under new management, and as the result of the various changes contemplated, even greater efforts will be made to conquer this affliction of mankind, and more and more success attained.

N. A. COWARD,

Chief Tuberculosis Officer.

REPORT BY THE MEDICAL SUPERINTENDENT OF THE LEICESTERSHIRE
COUNTY SANATORIUM & ISOLATION HOSPITAL, MARKFIELD.

In September, 1932, the hospital was officially opened by the late Sir George Newman, Chief Medical Officer, Ministry of Health, to replace and add to the accommodation previously provided in small units scattered in the County and elsewhere. Since then, the capacity of the hospital has increased to 245 beds for patients and the Staff bedrooms to 99. The hospital has for many years been recognised by the General Nursing Council as a complete Training School in Fevers and by the Tuberculosis Association for training in that disease. Within six weeks of the opening ceremony, the hospital was equipped and staffed, and during the past 16 years approximately 12,000 patients have been treated, 4,000 suffering from tuberculosis and 8,000 from infectious diseases. The pressure on the Sanatorium beds has been steady. During the past two years shortage of staff has compelled reduction in the number of female and child patients, although it has been possible to increase the number of adult male patients. Extensive use has been made of special forms of treatment and investigations, so that lung collapse referrals, including large numbers of out-patients, have increased from 200 to over 2,000 per annum; major operations from nil to 50, and X-ray examinations from 800 to over 5,000. In the Isolation Hospital the demand for beds has fluctuated extensively. In one year as many as 518 cases of scarlet fever were treated, and on another occasion 126 cases of diphtheria were in hospital at one time. Fortunately, the incidence of infectious disease is so low now that only the cubicle ward remains open.

An indication of the work performed during the past 16 years can be obtained from the following examples:—

Patients discharged	...	12,000	Scarlet fever	...	...	4,000
Lung collapse	...	25,000	Diphtheria	...	...	2,600
Operations	...	200	Meningitis	...	...	420
X-rays	...	40,000	Typhoid	...	...	100
Laboratory examinations...	66,000		Puerperal	...	...	270
Blood tests	...	23,000	Poliomyelitis	...	...	60
Sunlight	...	18,000	Erysipelas	...	...	160
Staff tests	...	...		...	...	1,800
Staff immunisations	...	...		...	...	550
Staff examination successes	...	...		...	...	170

The following table shows the total cases treated during the year 1947.

	Tuberculosis	Infectious diseases	Total
Beds provided	139	106	245
No. of cases, 1st Jan., 1947	105	14	119
No. of cases admitted	178	183	361
No. of cases discharged	171	187	358
No. of cases, 31st Dec., 1947	112	10	122

The average number of beds occupied daily throughout the year was 115.3, and the highest number in hospital on any one day was 129. The children's sanatorium ward

remained closed and in the Isolation Hospital only the cubicle ward was utilized. The work of the X-ray department increases steadily and over 2,400 examinations of out-patients were carried out for the Tuberculosis and other clinics. Collapse of lung treatment extended and includes a large number of out-patients, while facilities for major surgery at the City Isolation Hospital became more freely available.

Difficulties in the recruitment of staff continued, but the efforts of the Hospital's House Sub-Committee have been most helpful and a recruitment campaign through the newly-formed "Friends of Markfield" will bring results. The Coalville Branch of Toc H have continued to manage the patients' library, the British Red Cross Society visit regularly to supply materials and advise on Occupational Therapy, and both they and the St. John Ambulance Brigade have arranged a rota of volunteers to relieve the nursing staff at week-ends, while 35 Concert Parties came to entertain the patients; to all these, the hospital owes a great debt of gratitude.

TUBERCULOSIS.

178 cases were admitted and 171 discharged, the average number of beds occupied daily being 105 and the highest number 117.

The average stay in hospital was 245 days for men, 232 for women and 191 for children.

Artificial pneumothorax.

84 patients were treated by collapse of the lung and 1,513 refills were given. A further 275 refills were given by Dr. Lane at the Loughborough Clinic.

In 7 cases both lungs were collapsed simultaneously, 20 cases completed their treatment, 6 left the County and refills were abandoned in 9 cases.

At the end of the year 49 cases remained under treatment, 14 still in hospital and 35 attending as out-patients.

Artificial pneumo-peritoneum.

28 patients were treated by pressure on the lungs by air given into the abdomen and 523 refills were administered. At the end of the year 22 remained under treatment, 17 still in hospital and 5 as out-patients.

Aspirations.

Removal of fluid with wash out and replacement, was performed on over 100 occasions.

Thoracic surgery.

Mr. L. G. Cruickshank, F.R.C.S., has undertaken a rapidly increasing number of operations and special investigations, limited only by the demand for beds at the City Isolation Hospital.

18 stages of thoracoplasty, 2 pneumonectomy, 16 thoracoscopy with adhesion section, 4 phrenic nerve crush and 9 bronchoscopy operations were performed on patients sent from this hospital, and in addition a large number were referred to the Surgeon subsequent to X-ray investigations here.

Aurotherapy.

25 cases unsuitable for lung collapse were given injections of gold salts, with an average dose of 4 grms. over a period of approximately 20 weeks.

18 completed the course, and of these 6 became non-infective, 3 became quiescent, and 13 improved.

Heliotherapy.

20 cases received treatment by artificial sunlight and a total of 348 exposures were given.

Blood sedimentation rate.

1,686 routine examinations were carried out.

X-ray Department.

	Screening	Films
In-patients	1,343	1,277
Sent by Tuberculosis Officers	—	2,351
Sent by other Clinics	—	31
Sent by Medical Boards	—	39
	<hr/> 1,343	<hr/> 3,698

Total radiological examinations=5,279.

A Radiographer is employed and all examinations are reported on by the Medical Superintendent.

Laboratory tests performed.

Blood sedimentation rates	...	...	...	...	1,686
Sputum for tubercle bacilli	...	...	...	...	1,157
Fluid for tubercle bacilli	...	...	...	...	60
Urine for tubercle bacilli	...	...	...	...	214
Cultures for diphtheria bacilli	...	...	...	...	341
Smears, etc.	...	...	...	...	69
Cerebro-spinal fluid for germs and chemistry	...	...	...	...	127
Blood counts, etc.	...	...	...	...	50
Post-mortems	...	...	...	...	11
					<hr/> 3,715 <hr/>

No technician is employed and all examinations are performed by the Resident Medical Officers. In addition, a very large number of new and confirmatory tests have been performed by the Public Health Laboratory Service, under the direction of Dr. E. H. Gillespie.

Results of Treatment.

The table at the end of this report sets out the classification, length, and result of treatment in the form prescribed by the Ministry of Health. Points of special interest are:—

171 cases were discharged, comprising 159 adult type of lung disease; 3 childhood type of lung disease; 3 affecting other parts of the body; and 6 after a period of observation.

Only 42 cases were in the T.B. negative or early T.B. positive stage, and of these 34 (81%) became quiescent and 5 (12%) died.

117 cases were in the moderate or far advanced stage, and of these only 34 (29%) became quiescent and 33 (28%) died.

117 cases were T.B. positive, and as a result of treatment 69 (59%) became non-infective.

INFECTIOUS DISEASES.

183 cases were admitted and 187 discharged, the average age being 17 years, and the average stay in hospital 20 days.

In the main, the incidence of infectious disease was even lower than in the previous year, but in common with the rest of the Country an epidemic of infantile paralysis occurred during the latter half of the year.

Scarlet Fever.

20 cases were discharged, with an average age of 10 years and a stay in hospital of 22 days. One case of mastoiditis and one of nephritis occurred.

Diphtheria.

33 cases were discharged, average age 18 years, stay in hospital 29 days.

12 cases of confirmed diphtheria required an average dose of 59,000 units of anti-toxin, and no complications or deaths occurred. In the remaining 21 cases, the diagnosis was not confirmed.

Cerebro-spinal fever.

33 cases were discharged, average age 15 years and stay in hospital 36 days.

9 cases of meningococcal meningitis were confirmed, of whom 1 died. In addition, 2 cases of tuberculous, 1 pneumococcal, and 1 influenzal meningitis, 2 of encephalitis, and 2 of brain abscess were treated. In the remaining 16 cases the original diagnosis was not confirmed.

Poliomyelitis.

34 cases (admitted as poliomyelitis) were discharged, average age 22 years and stay 16 days. 18 cases were confirmed in diagnosis; in 7 the spinal cord was mainly affected and paralysis ensued with 1 death; in a further 7 cases the brain was mainly affected, with 1 death; in 4 cases no paralysis occurred.

2 cases were discovered to be suffering from tuberculous meningitis, 1 from cerebral thrombosis, and in 13 cases the diagnosis of poliomyelitis could not be confirmed with certainty.

Typhoid fever.

4 cases were discharged, average age 14 years and stay 36 days.

1 case was infected by B. Typhosus, 2 by B. Paratyphosus B., and the remaining case was not confirmed. No deaths occurred.

Puerperal fever.

8 mothers, together with 6 babies, were discharged. The average age of the mothers was 30 years, stay 24 days. All made a good recovery.

Other diseases included 5 erysipelas, 7 dysentery, 31 measles and whooping cough with complications, 6 miscellaneous.

STAFF.

All members of the staff are tested for susceptibility to scarlet fever, diphtheria, and tuberculosis, and are immunised when necessary. X-ray examination is performed at intervals of 6 months.

48 Dick, 53 Schick, and 59 Mantoux skin tests were performed; 20 staff were immunised, and 16 vaccinated.

3 cases of serious illness occurred; and 128 required repeated medical attention.

16 examination successes were obtained by the Nursing Staff.

H. SELBY,

Medical Superintendent.

Classification on admission to the Sanatorium.	Condition at time of discharge.	Duration of Residential Treatment in the Sanatorium.												Grand Totals
		Under 3 months.			3-6 months.			6-12 months.			More than 12 months.			Totals.
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
PULMONARY TUBERCULOSIS.	Class T.B. minus.	1	2	—	6	3	—	15	5	1	—	2	12	2
	Not quiescent ...	—	—	1	—	1	—	—	—	2	—	3	1	36
	Died in Sanatorium	2	1	—	—	—	—	—	—	—	2	4	1	4
	Class T.B. plus. Group I.	—	—	—	—	—	—	—	—	—	—	—	—	5
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
PULMONARY TUBERCULOSIS.	Class T.B. plus. Group II.	1	—	—	7	2	—	9	7	—	4	3	12	—
	Not quiescent ...	2	1	—	2	1	—	17	9	—	7	28	12	33
	Died in Sanatorium	—	—	—	—	—	—	—	1	—	1	1	2	40
	Class T.B. plus. Group III.	—	—	—	—	—	—	—	—	—	—	—	—	3
	Not quiescent ...	1	1	—	—	1	—	3	2	—	1	6	4	1
NON-PULMONARY TUBERCULOSIS.	Died in Sanatorium	6	10	—	4	—	—	6	1	—	2	18	12	30
	TOTALS (pulmonary)	13	15	1	20	8	—	50	25	1	17	100	59	162
NON-PULMONARY TUBERCULOSIS.	Bones and Joints.	—	—	—	1	—	—	—	—	—	—	1	—	—
	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	1
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—
	Abdominal.	—	—	—	—	1	—	—	—	—	—	1	—	—
NON-PULMONARY TUBERCULOSIS.	Other Organs.	—	—	—	—	—	—	—	—	—	—	—	—	—
	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Sanatorium	—	—	—	—	—	—	—	—	—	—	—	—	—
	Peripheral	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent ...	—	—	—	—	—	—	—	—	—	—	—	—	—
NON-PULMONARY TUBERCULOSIS.	Died in Sanatorium	1	—	—	1	—	—	—	—	—	—	—	—	—
	TOTALS (non-pulmonary)	1	—	—	1	1	—	—	—	—	2	1	—	3

REPORT OF THE BLABY, HINCKLEY, AND MELTON MOWBRAY
ISOLATION HOSPITALS.

	Blaby		Hinckley		Melton Mowbray		Total	
	Av. of years		Av. of years		Av. of years		Av. of years	
	1947	1939-43	1947	1939-43	1947	1939-43	1947	1939-43
Beds provided ...	17	17	23	23	32	32	72	72
No. of cases on 1st Jan....	8	22	15	29	10	25	33	76
No. of cases admitted ...	142	171	191	240	97	279	430	690
No. of cases discharged...	142	173	194	244	106	281	442	698
No. of cases on 31st Dec.	8	20	12	25	1	23	21	68

**ANNUAL REPORT ON THE VENEREAL DISEASES SCHEME
(LEICESTER AND LEICESTERSHIRE) FOR THE YEAR 1947.**

By C. HAMILTON WILKIE, M.D., Ch.B., B.Sc.(Glas.).

DIRECTOR OF VENEREAL DISEASES SERVICES.

The incidence of V.D. for the year 1947 now shows signs of a decrease, the peak year being 1946. Nevertheless, it was a strenuous one for the medical and nursing staff. The new cases dropped from 2,451 (1946) to 1,499 (1947). The following table shows how they varied in the last eight years.

LEICESTER.

Year ...	1940	1941	1942	1943	1944	1945	1946	1947
V.D. cases ...	522	640	705	840	808	838	1252	658
Non-V.D. ...	372	451	542	1017	1025	1027	1199	841
Total ...	894	1091	1247	1857	1833	1865	2451	1499

LOUGHBOROUGH.

Year ...	1942	1943	1944	1945	1946	1947
V.D. cases ...	67	47	47	83	96	50
Non-V.D. ...	55	97	101	123	98	63
Total ...	122	144	148	206	194	113

The total attendances at the Leicester clinics were 17,614; at the Loughborough clinics 1,170.

A detailed analysis of all the cases may be obtained from the official Ministry of Health Annual Report—Form V.D. (R) (1947), but for those who are interested in the scheme the following information for the main Leicester centre is given.

(1) Number of cases on 1/1/47 under treatment or observation ...	929
(2) Returned "defaulters" ...	25
(3) New primary syphilitics ...	67
(4) New secondary syphilitics ...	90
(5) Latent first year syphilitics ...	6
(6) Congenital syphilitics ...	16
(7) Late stages acquired syphilitics ...	53
(8) Soft Chancre ...	3
(9) Gonorrhœal cases ...	286
(10) Non-venereal conditions ...	798
(11) Undiagnosed on 31/12/48 ...	35
(12) Transfers from other centres ...	120
Total ...	2,428

(13) Cases dismissed as "cured"	1,196
(14) Serious "defaulters"	108
(15) Possibly "cured" but tests of cure not all completed	158
(16) Transferred to other centres	99
(17) Remaining under treatment or tests on 31/12/47	867
Total ...	2,428
<hr/>	
(18) In-patients	174
(19) Aggregate number of "in-patient days"	3,994
(20) Microscopic tests	2,605
(21) Blood WR tests	3,574
(22) Lumbar punctures	45

The times at which the clinics are held are the same as for the previous year, viz.:—

Leicester Royal Infirmary..

(Dr. Wilkie)

Monday	... 2.30—4 (Males)
Tuesday	... 10—11 (Males)
Tuesday	... 2.30—4 (Females)
Wednesday	... 6—7.30 (Males)
Thursday	... 4.30—6 (Males)
Friday	... 5.30—7 (Males)

Leicester Royal Infirmary..

(Dr. Lodge)

Monday	... 5.30—7 (Females)
Wednesday	... 10—11 (Females)
Wednesday	... 2.30—4 (Females)
Friday	... 2.30—4 (Females)

Loughborough General Hospital.

(Dr. Wilkie)

Monday	... 5—6 (Females)
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Monday	... 6—7 (Males)
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Additional intermediate treatment is given at the Leicester centre every weekday at specially arranged times.

V.D. EDUCATION.

Little has been done in the last few years in the way of V.D. propaganda and public lectures. In May of this year I took part in a V.D. Brains Trust at Scunthorpe which followed a showing of the V.D. Film, "Subject Discussed." The attendance at this meeting was very disappointing.

My personal experiences and views on the subject of V.D. propaganda have recently been submitted in a memorandum to a Committee attached to the Interim Commission of the World Health Organisation.

I believe that the freely advertised civilian lecture, so well tried out in Leicester some years ago, fell far short of its object. On the other hand, lectures to factory workers at their factories were of real value. The film, "Subject Discussed," partly made in Leicester, has generally speaking been a success and has served its purpose. The film was not considered suitable for general show in all cinemas. I believe that it is possible to make a short V.D. educational film that could be carefully constructed so that any age could see and hear it. Either they would be too young to understand its guarded language or old enough to benefit by it. A very large section of the public would thus be reached. Short broadcasts can also do much in the field of public health propaganda but do we reach that section which really requires V.D. education? They do not, in my opinion, replace the personal lecture followed by question and answer. Then we have the Press. Patients have reported promptly to the clinic as a result of having read Press articles. The "Comic Strip," so popular in America, has so far not been used in this country as an aid to V.D. education.

Personal experience makes me summarise as follows. First in importance is the coloured lantern slide demonstration followed by questions and answers. If given to factory workers and various youth organisations these can be of real value. On the other hand lectures given to the general public fall far short of their object and are not worth while attempting on a large scale.

V.D. lectures given personally since coming to Leicester now total 276. This number includes those given to service personnel stationed in the area.

DIAGNOSIS, TREATMENT AND TESTS OF CURE.

As stated in my previous Annual Report, new methods of treatment have added to our success in our fight against venereal diseases. At the same time there is an increasing tendency for the patient now to consider venereal disease more lightly. The rapidity with which some cases may be clinically improved, but not necessarily cured, has its pitfalls. Immorality or sexual "risks" may well become more frequent in the

future. The necessity for strict clinical testing of patients who have had V.D. is no less than before. Indeed, it may be more important than ever.

This brief report would not be complete without my acknowledging my indebtedness to all the medical and nursing staff of the V.D. Departments.

REPORT ON THE DEFENCE (GENERAL) REGULATIONS.

REGULATION 33B.

In accordance with the Emergency Laws (Transitional Provisions) Act, 1946, and the Emergency Laws (Miscellaneous Provisions) Act, 1947, Defence Regulation 33B which concerned the compulsory treatment of venereal disease in certain cases, expired on 31st December, 1947, and the procedure for which the Regulation provided ceased to operate from that day.

The Regulation was introduced in 1943 as a special war-time measure, in order to bring under medical control infected persons in the relatively small class unresponsive to educational and persuasive methods who were causing detriment to the war effort.

In brief, the procedure consisted of an invitation to persons attending venereal disease treatment centres to give information concerning contacts from whom they may have caught the disease. This information, comprising the name and address, or other identifying description, was entered on "Form 1" and forwarded to the medical officer of health of the county or county borough in which the contact resided. Where two "Form 1's" had been received in respect of one person, Regulation 33B gave the medical officer of health the power to secure medical examination, and if necessary, the treatment of the person concerned.

With the exception of a small proportion of cases where identification was doubtful or impossible, it can be stated that the work carried out in the County under the Regulation during the years of its operation met with a high degree of success. In the majority of cases, as soon as the first "Form 1" had been received, a confidential interview was sufficient to secure the contact's attendance at a treatment centre.

On the whole, Regulation 33B may be said to have served a useful purpose in the limited field in which it could be employed. It has certainly brought into prominence work in contact tracing, and it is to be hoped that although the regulation has expired, the method of contact tracing will be increasingly used. Experience has shown that in areas where it has been possible to set aside staff for the purpose, a very high proportion of contacts can be persuaded to attend for examination and treatment.

The following is a record of the work under the regulation during the year:—

Contacts notified to the Medical Officer of Health during the period 1st January, 1947, to 31st December, 1947.

	M.	F.
(1) (a) Total number of contacts in respect of whom "Form 1" was received	1	8
(b) Number in (a) transferred from other areas	—	—
(2) Number of cases in (1) in which attempts were made during the current period outside the scope of the Regulation to persuade the contact to be examined before the latter had been named on a second "Form 1":—		
Contacts found	—	8
Contacts examined or already under treatment	—	5
(3) (a) Number of those in (1) in respect of whom two or more "Forms 1" were received	—	2
(b) Number included in (3) (a) in respect of whom the first "Form 1" was previously reported under (1)	—	1
(c) Number included in (3) (a) transferred from other areas	—	—
(4) Number of those in (3) (a) who were:—		
(a) Found	—	2
(b) Examined after persuasion or already under treatment	—	2
(c) Served with "Form 2"	—	—
(d) Examined after service of "Form 2"	—	—
(e) Prosecuted for failure:—		
(i) to attend for, and submit to, medical examination	—	—
(ii) to submit to and continue treatment	—	—
(f) Transferred to other areas	—	—

During the full period of the operation of the regulation, 1943-47 inclusive, 152 Form 1's were received in respect of 121 cases.

T.B.1.—Return showing the work of the Tuberculosis Dispensaries during the year 1947.

Diagnosis.	PULMONARY				NON-PULMONARY				TOTAL				GRAND TOTAL
	Adults		Children		Adults		Children		Adults		Children		
	M	F	M	F	M	F	M	F	M	F	M	F	
A—(1) Number of definite cases of tuberculosis on the dispensary register at the beginning of the year	572	513	68	58	65	79	113	98	637	592	181	156	1,566
(2) Transfers from other authorities during the year	21	25	...	...	...	2	...	...	21	27	...	...	48
(3) "Lost sight of" cases returned during the year	1	1	...	...	...	1	1	...	1	2	1	...	4
B—Number of NEW CASES diagnosed as tuberculous during the year:—													
(1) Class T.B. minus	45	48	5	4	...	...	...	...	45	48	5	4	102
(2) Class T.B. plus	57	35	...	...	...	...	...	...	57	35	...	...	92
(3) Non-pulmonary ... ..	...	...	...	...	11	19	17	14	11	19	17	14	61
C—Number of cases included in A and B written off the dispensary register during the year as:—													
(1) Recovered	34	38	9	7	11	9	10	16	45	47	19	23	134
(2) Dead (all causes)	58	62	1	...	5	4	1	...	63	66	2	...	131
(3) Removed to other areas	20	25	1	...	...	3	2	...	20	28	3	...	51
(4) For other reasons	10	14	1	1	6	5	3	1	16	19	4	2	41
D—Number of definite cases of tuberculosis on the dispensary register at the end of the year	574	483	61	54	54	80	115	95	628	563	176	149	1,516

T.B.2.—SANATORIA, HOSPITALS, AND OTHER RESIDENTIAL INSTITUTIONS FOR THE TREATMENT OF TUBERCULOSIS.
Year 1947.

Name and situation of Institution. (1)	Class of case and number of beds. (2)	Number of patients sent by the Council who were under treatment on 31st Dec., 1946. (3)	Number of patients sent by the Council during the year ended 31st Dec., 1947. (4)	Number of patients sent by the Council who were discharged or died in the Institution during the year ended 31st Dec., 1947. (5)	Total number of days during which patients referred to in Col. 5 were resident in the Institution. (6)	Average number of days which patients referred to in Col. 5 were resident in the Institution. (7)	Number of patients sent by the Council who were under treatment on 31st Dec., 1947. (8)
County Sanatorium, Markfield.	Male adults (58 beds) P	63	106	104	25,804	248	65
	Female adults (58 beds) P	38	60	59	13,957	237	39
	Children (22 beds) P	1	6	3	683	228	4
	Male adults NP	1	3	2	141	70	2
	Female adults NP	2	1	3	293	98	—
	Children NP	—	2	—	—	—	2
City General Hospital, Leicester.	Female adults P	—	4	4	18	4	—
	Male adults NP	8	7	8	2,159	270	7
	Female adults NP	7	7	10	2,345	234	4
	Children NP	6	9	13	2,584	199	2
City Sanatorium, Leicester.	Male adults P	1	3	4	221	55	—
	Female adults P	—	5	4	135	34	1
Harlow Wood Orthopædic Hospital, Mansfield.	Male adults NP	1	5	5	420	84	1
	Children NP	4	7	7	1,535	219	4
Warwickshire Orthopædic Hospital, Coleshill.	Children NP	8	8	8	2,547	318	8
Children's Hospital, Birmingham.	Children NP	—	2	—	—	—	2
Lord Mayor Treloar Hospital, Alton.	Children NP	1	—	1	421	421	—
Hospital for Sick Children, London.	Children NP	—	1	—	—	—	1
Royal Cripples Hospital, Birmingham.	Male adults NP	1	1	2	157	78	—
Hospital of St. Cross, Rugby.	Children NP	—	3	3	82	27	—
TOTALS		142	240	240	53,502	223	142

P.—Pulmonary tuberculosis. N.P.—Non-pulmonary tuberculosis.

T.B.3.—Return showing the immediate results of treatment of patients discharged from Residential Institutions during the year 1947.

(a) Pulmonary Tuberculosis.

Classification on admission to Institution.	Condition at time of discharge.	Duration of Residential Treatment in the Institution.												TOTAL
		Under 3 months but ex- ceeding 28 days			3—6 months			6—12 months			More than 12 months			
		M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	M.	F.	Ch.	
Class T.B. minus.	Quiescent	—	2	—	5	2	—	14	5	1	1	2	1	33
	Not quiescent	—	2	—	—	1	—	—	—	—	—	1	—	4
	Died in Institution ...	2	—	—	—	—	—	—	—	—	2	—	—	4
Class T.B. plus Group 1.	Quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Not quiescent	—	—	—	—	—	—	—	—	—	—	—	—	—
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 2.	Quiescent	—	—	—	4	2	—	11	8	—	4	3	—	32
	Not quiescent	5	1	—	6	1	—	15	8	—	7	1	—	44
	Died in Institution ...	—	—	—	—	—	—	—	—	—	—	—	—	—
Class T.B. plus Group 3.	Quiescent	—	—	—	—	—	—	—	—	—	—	1	—	1
	Not quiescent	1	—	—	1	1	—	3	2	—	1	1	—	10
	Died in Institution ...	2	3	—	4	—	—	6	2	—	3	2	—	22

Cases discharged under 28 days 6

Cases died under 28 days 12

Observation cases discharged non-tuberculous 10

Total ... 178

(b) Non-Pulmonary Tuberculosis.

Bones and joints:—Quiescent 42
 Not quiescent 7
 Died 4

Abdominal:—Quiescent 1
 Not quiescent 2
 Died 1

Other organs:—Quiescent 1
 Not quiescent 1
 Died —

Peripheral glands:—Quiescent —
 Not quiescent —
 Died —

Observation cases discharged non-tuberculous ... 3

Total ... 62

Year	Local- isation	Number of Notifications.			Number of Deaths.			Death Rates.		
		Urban	Rural	Whole County	Urban	Rural	Whole County	Urban	Rural	Whole County
1937	Lungs Other	126 45	95 36	221 81	82 18	80 22	162 40	0.58 0.13	0.50 0.14	0.54 0.13
1938	Lungs Other	105 48	85 40	190 88	59 15	56 15	115 30	0.42 0.11	0.35 0.09	0.38 0.10
1939	Lungs Other	89 36	87 36	176 72	59 14	53 15	112 29	0.41 0.10	0.32 0.09	0.36 0.09
1940	Lungs Other	113 51	91 48	204 99	88 25	74 14	162 39	0.59 0.17	0.45 0.09	0.52 0.13
1941	Lungs Other	102 59	114 31	216 90	79 19	90 11	169 30	0.51 0.13	0.52 0.06	0.51 0.09
1942	Lungs Other	100 69	133 53	233 122	61 23	64 17	125 40	0.41 0.15	0.38 0.10	0.39 0.13
1943	Lungs Other	91 59	91 59	182 118	75 11	79 18	154 29	0.51 0.07	0.48 0.11	0.49 0.09
1944	Lungs Other	99 42	74 33	173 75	52 24	61 13	113 37	0.36 0.16	0.37 0.08	0.36 0.12
1945	Lungs Other	109 28	103 39	217 67	59 16	52 16	111 32	0.41 0.11	0.32 0.10	0.36 0.10
1946	Lungs Other	94 35	91 51	185 86	48 19	52 12	100 31	0.32 0.13	0.31 0.07	0.31 0.10
Average for above ten years.	Lungs Other	103 47	97 43	200 90	66 18	66 15	132 33	0.45 0.13	0.40 0.09	0.42 0.11
1947	Lungs Other	130 40	100 35	230 75	72 16	52 10	124 26	0.47 0.10	0.30 0.06	0.38 0.08

T.B.5. TUBERCULOSIS:—Notifications and Deaths.
Showing Age Periods—Year 1947.

AGE PERIODS.	NEW CASES.				DEATHS.			
	Pulmonary		Non-Pulmonary		Pulmonary		Non-Pulmonary	
	Males	Females	Males	Females	Males	Females	Males	Females
0-	—	—	—	—	—	—	—	—
1-	—	2	7 ¹	5 ⁴	—	—	3	3
5-	6 ²	8	13 ²	10 ³	1	—	3	3
15-	85 ²⁶	84 ³³	13 ²	19 ⁵	27	41	4	4
45-	31 ¹⁰	12 ²	3	3	35	12	1	2
65-	2 ¹	— ²	— ¹	2 ¹	5	3	2	1
Total	124 ³⁹	106 ³⁷	36 ⁶	39 ¹³	68	56	13	13

NOTE.—The figures in small type show additional cases which came to the notice of the County M.O.H. other than by formal notification.

District.	Estimated population mid-year	NOTIFICATIONS OF TUBERCULOSIS				DEATHS FROM TUBERCULOSIS			
		Pulmonary	Attack Rate.	Non-Pulmonary	Attack Rate.	Pulmonary	Death Rate.	Non-Pulmonary	Death Rate.
URBAN.	Ashby-de-la-Zouch	5,951	—	—	—	—	—	—	—
	Ashby Wolds ...	3,168	0.32	—	—	2	0.63	—	—
	Coalville ...	25,080	0.96	13	0.52	15	0.60	1	0.04
	Hinckley ...	37,650	0.88	11	0.29	21	0.56	7	0.19
	Loughborough ...	34,090	0.97	4	0.12	13	0.38	4	0.12
	Market Harborough	10,470	0.38	2	0.19	1	0.10	—	—
	Melton Mowbray ...	12,020	1.08	3	0.25	3	0.25	—	—
	Oadby ...	5,720	0.70	2	0.35	3	0.52	—	—
	Shepshed ...	5,771	1.04	1	0.17	4	0.69	1	0.17
	Wigston ...	14,530	0.83	4	0.28	10	0.69	3	0.21
TOTALS ...		154,450	0.84	40	0.26	72	0.47	16	0.10
RURAL.	Ashby-de-la-Zouch	13,810	0.29	4	0.29	4	0.29	1	0.07
	Barrow-on-Soar ...	43,790	0.75	7	0.16	18	0.41	4	0.09
	Billesdon ...	7,436	0.27	2	0.27	—	—	1	0.13
	Blaby ...	37,170	0.67	7	0.19	10	0.27	—	—
	Castle Donington...	8,423	0.47	1	0.12	1	0.12	1	0.12
	Lutterworth ...	11,240	0.71	4	0.36	4	0.36	—	—
	Market Bosworth...	24,770	0.44	7	0.28	7	0.28	2	0.08
	Market Harborough	9,311	0.54	1	0.11	2	0.21	—	—
	Melton and Belvoir	16,930	0.47	2	0.12	6	0.35	1	0.06
TOTALS ...		172,880	0.58	35	0.20	52	0.30	10	0.06

TABLE 1.—VITAL STATISTICS.

	LEICESTERSHIRE COUNTY, 1947						ENGLAND AND WALES		
	Urban		Rural		Whole County				
Population (Est. mid-year, 1947)	154,450		172,880		327,330				
	No.	Rates	No.	Rates	No.	Rates	Rates		
Live births	3,366	21.80	3,582	20.73	6,948	21.23	20.5		
Deaths (all causes and all ages)	1,798	11.64	1 894	10.96	3,692	11.28	12.0		
* „ (under one year)	161	*47.8	137	*38.2	298	*42.9	*41		
Deaths from:									
Measles	7	0.04	2	0.01	9	0.03	0.01		
Whooping cough	6	0 04	3	0.02	9	0.03	0.02		
Diphtheria	1	0.006	—	—	1	0.003	0.01		
Scarlet fever	—	—	—	—	—	—	0.00		
*Diarrhoea and enteritis (under 2 years) ...	17	*5.05	13	*3.63	30	*4.32	*5.8		
							Percentages of total deaths.		
The seven chief causes of death were:—							Urban	Rural	Wh'le C'nty
Heart disease	474	3.07	519	3.00	993	3.03	26.4	27.4	26.9
Cancer	240	1.55	292	1.69	532	1.62	13.4	15.4	14.4
Intra-cranial vascular lesions	219	1.42	234	1.35	453	1.38	12.2	12.4	12.3
Bronchitis	72	0.46	85	0.49	157	0.48	4.0	4.5	4.3
Pneumonia	68	0.44	71	0.41	139	0.42	3.8	3.8	3.8
Tuberculosis of respira- tory system	72	0.47	52	0.30	124	0.38	4.0	2.8	3.4
Nephritis	42	0.27	48	0.28	90	0.27	2.3	2 5	2.4

NOTE.—The rates are calculated per thousand of the population, except where marked (*) which are per thousand registered births.

TABLE 2.—BIRTH-RATES, CIVILIAN DEATH-RATES, ANALYSIS OF MORTALITY, MALEKINAL MORTALITY, AND CASE RATES FOR CERTAIN INFECTIOUS DISEASES IN THE YEAR 1947.

Provisional Figures based on Weekly and Quarterly Returns.

England and Wales, 126 County Boroughs and Great Towns, including London, and 148 Smaller Towns with Resident Population 25,000 to 50,000 at 1931 Census, London Administrative County, and Leicestershire Administrative County.

	RATES PER 1,000 CIVILIAN POPULATION		DEATH RATES PER 1,000 CIVILIAN POPULATION.										NOTIFICATION RATES PER 1,000 CIVILIAN POPULATION.										RATES PER 1,000 LIVE BIRTHS.	
	Live Births.	Still Births	All Causes.	Typhoid and Paratyphoid Fevers.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Influenza.	Smallpox.	Measles.	Typhoid Fever.	Paratyphoid Fever.	Cerebro-spinal Fever.	Scarlet Fever.	Whooping Cough.	Diphtheria.	Erysipelas.	Smallpox.	Measles.	Pneumonia.	Deaths from Diarrhoea and enteritis (under 2 years of age).	Total deaths under one year of age.		
England and Wales ...	20.5	0.50	12.0	0.00	0.00	0.02	0.01	0.09	0.00	0.01	0.01	0.01	0.05	1.37	2.22	0.13	0.19	0.00	9.41	0.79	5.8	41		
26 County Boroughs and Great Towns, including London ...	23.3	0.62	13.0	0.00	0.00	0.03	0.01	0.09	0.00	0.02	0.01	0.01	0.06	1.54	2.41	0.15	0.21	0.00	9.13	0.89	8.0	47		
1448 Smaller Towns (Resident Population 25,000 to 50,000 at 1931 Census) ...	22.2	0.54	11.9	0.00	0.00	0.02	0.01	0.08	0.00	0.02	0.00	0.01	0.05	1.37	2.02	0.14	0.18	0.01	9.58	0.68	3.7	36		
London Administrative County	22.7	0.49	12.8	0.00	0.00	0.02	0.01	0.08	—	0.01	0.01	0.01	0.05	1.31	2.80	0.14	0.22	0.00	5.29	0.64	4.8	37		
Leicestershire Administrative County	21.2	0.55	11.3	0.003	—	0.03	0.003	0.07	—	0.03	0.003	0.01	0.07	1.37	2.19	0.04	0.20	—	14.72	1.12	4.32	43		

	Deaths from Puerperal Causes				
	No. 140 Abortion with sepsis	No. 141 Abortion without sepsis	No. 147 Puerperal Infections	Nos. 142-6 148-150 Others	Total
Maternal Mortality Rates for England and Wales:					
Maternal Mortality Rate for Leicestershire ...	...	...	...	...	1.17
Abortion: Mortality Rate per million women aged 15-45 for England and Wales:	...	...	...	...	1.26
(Per 1,000 births—live and still)	...	...	...	...	...
NOTIFICATION Rates per 1,000 total births (live and still):					
England and Wales	9	5	—	—	14
126 County Boroughs and Great Towns, including London	Puerperal Fever and Puerperal Pyrexia				
148 Smaller Towns (Estimated Resident Population 25,000 to 50,000 at 1931 Census)	7.16				
London Administrative County	8.99				
Leicestershire Administrative County	6.27				
	8.15				
	2.80				

TABLE 3.—NOTIFIABLE DISEASES.

DISEASE.	Total cases (original notifications)		Total cases (corrected notifications)		Admissions to Hospital (uncorrected diagnoses)	
	Civilians	Non-civilians	Civilians	Non-civilians	Civilians	Non-civilians
Scarlet fever	450	1	447	1	319	4
Whooping cough	717	—	718	—	8	—
Acute poliomyelitis	31	3	23	2	39	6
Acute polioencephalitis	5	—	5	—	5	—
Measles	4,815	8	4,818	7	14	2
Diphtheria	32	4	13	2	46	7
Acute pneumonia	363	—	365	—	—	—
Dysentery	33	—	30	—	3	—
Smallpox	—	—	—	—	—	—
Acute encephalitis lethargica	3	—	1	—	—	—
Enteric or typhoid fever	3	—	1	—	5	—
Para-typhoid fevers	3	—	4	—	—	—
Erysipelas	68	—	67	—	9	—
Cerebro-spinal fever and meningitis	37	2	24	1	38	3
Puerperal pyrexia	20	—	20	—	10	—
Ophthalmia neonatorum	6	—	6	—	—	—
Malaria (contracted in England and Wales)	—	—	—	—	—	—

OTHER ADMISSIONS TO ISOLATION HOSPITAL

(uncorrected diagnoses).

DISEASE.	Civilians	Non-civilians
T.B. meningitis	5	—
Whooping cough/pneumonia	9	—
Measles/pneumonia	15	—
Gastro-enteritis	1	—
Pyrexia	2	—
Mastoiditis	2	1
Mumps	1	4
Chicken pox	3	—
Other diseases	11	1
Babies with mothers	9	—

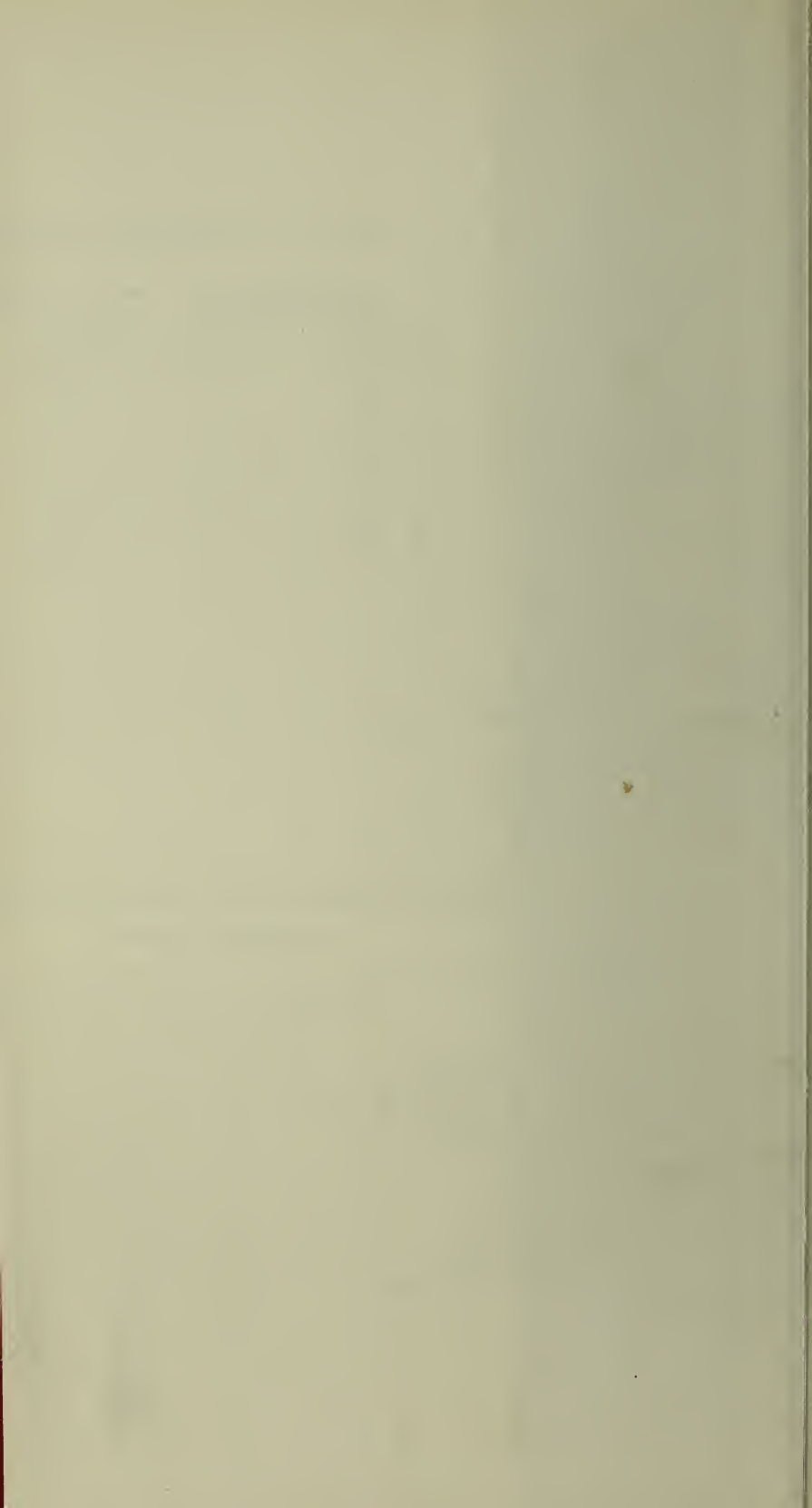


TABLE 4.—CORRECTED NOTIFICATIONS OF INFECTIOUS DISEASES IN AGE GROUPS.
(Civilians only)

DISEASE.	AGE GROUPS (YEARS).							TOTALS
	0-	1-	3-	5-	10-	15-	25 and over	
Scarlet fever	1	27	76	183	99	31	25	447
Whooping cough	78	187	219	209	9	3	9	718
Acute poliomyelitis	—	3	1	6	6	2	5	23
Acute polioencephalitis	—	—	2	—	2	—	—	5
Measles	192	1,008	1,356	2,032	121	54	46	4,818
Diphtheria	—	—	1	5	1	2	4	13

DISEASE.	AGE GROUPS (YEARS).						TOTALS
	0-	5-	15-	45-	65 and over	Age unknown	
Acute pneumonia	78	68	99	79	41	—	365
Dysentery	5	5	10	2	1	7	30
Smallpox	—	—	—	—	—	—	—
Acute encephalitis lethargica	1	—	—	—	—	—	1
Enteric or typhoid fever	—	—	—	1	—	—	1
Para-typhoid fevers	—	2	1	1	—	—	4
Erysipelas	—	—	24	28	11	4	67
Cerebro-spinal fever	8	6	7	1	—	2	24

DISEASE.	Age group not stated.
Puerperal pyrexia	20
Ophthalmia neonatorum	6
Malaria (contracted in England and Wales)	—

TABLE 5.—CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE ADMINISTRATIVE COUNTY OF LEICESTER, 1947.

CAUSES OF DEATH.	URBAN DISTRICTS.												RURAL DISTRICTS.												WHOLE COUNTY												AGGREGATES										
	0—		1—		5—		15—		45—		65—		0—		1—		5—		15—		45—		65—		0—		1—		5—		15—		45—		65—		Urban Districts			Rural Districts			Whole County				
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	M	F	Total	M	F	Total	M	F	Total						
1. Typhoid and paratyphoid fevers	1	1	1	1	1	1	...		
2. Cerebro-spinal Fever	1	1	1	...	1	1	...	2	1	2	...	2	2	1	...	1	3	1	4	3	1	4	6	2	8			
3. Scarlet Fever			
4. Whooping Cough	1	2	2	1	2	...	1	1	4	2	2	3	3	6	...	3	3	3	6	9				
5. Diphtheria	1	1	1	1	1	1	...			
6. Tuberculosis of resp. system	1	...	17	23	25	4	1	1	10	18	10	8	4	2	1	...	27	41	35	12	5	3	44	28	72	24	28	52	68	56	124			
7. Other forms of tuberculosis	1	3	2	2	4	3	1	2	...	1	1	...	1	...	2	2	1	3	3	3	3	4	4	1	2	2	1	8	8	16	5	5	10	13	13	26			
8. Syphilitic diseases	1	1	4	1	3	...	2	1	4	4	3	5	2	7	...	5	5	5	5	7	12		
9. Influenza	1	2	...	1	1	1	1	1	...	2	3	5	5	2	1	1	...	4	3	6	6	4	1	5	9	9	18	13	10	23		
10. Measles	...	2	3	1	1	1	...	1	2	3	1	...	2	1	3	4	7	...	2	2	3	6	9		
11. Ac. polio-myel. and polio-encephalitis	1	1	1	1	1	...	1	1	1	1	1	1	1	2	
12. Ac. inf. encephalitis	1	1	1	1	1	1	2	1	1	2			
13. Cancer of buc. cav. & œsoph. (M); uterus (F)	3	4	9	4	3	1	7	7	4	3	4	11	16	8	12	8	20	8	14	22	20	22	42			
14. Cancer of stomach and duodenum	3	2	9	7	13	9	2	9	9	15	13	3	4	18	16	28	22	25	18	43	24	24	48	49	42	91			
15. Cancer of breast	2	...	18	1	13	3	...	17	...	15	5	...	35	1	28	1	33	34	...	35	35	1	68	69				
16. Cancer of all other sites	4	2	23	24	57	33	1	...	1	...	10	7	48	20	49	51	1	...	1	...	14	9	71	44	106	84	84	59	143	109	78	187	193	137	330
17. Diabetes	1	...	2	4	3	3	1	1	3	7	2	...	2	5	6	10	6	7	13	4	8	12	10	15	25		
18. Intra-cranial vascular lesions	2	1	3	22	19	84	88	2	...	22	24	79	107	2	3	3	44	43	163	195	109	110	219	103	131	234	212	241	453		
19. Heart disease	8	7	54	30	204	171	6	10	58	26	215	204	14	17	112	56	419	375	266	208	474	279	240	519	545	448	993	
20. Other dis. of circ. system	1	5	6	26	23	7	4	37	29	1	12	10	63	52	31	30	61	44	33	77	75	63	138		
21. Bronchitis	4	3	...	1	...	1	...	3	12	2	28	18	1	2	1	1	...	11	4	39	26	5	5	...	1	...	2	1	3	23	6	67	44	44	28	72	52	33	85	96	61	157
22. Pneumonia	15	13	5	2	...	1	3	1	7	2	8	11	11	7	1	2	3	3	8	2	18	16	26	20	6	4	...	1	6	4	15	4	26	27	38	30	68	41	30	71	79	60	139
23. Other resp. dis.	6	...	5	2	6	8	1	4	2	4	6	5	1	6	4	7	6	12	13	17	10	27	9	13	22	26	23	49	
24. Ulcer of stomach or duodenum	3	...	9	...	5	2	1	...	9	2	5	3	4	...	18	2	10	5	17	2	19	15	5	20	32	7	39		
25. Diarrhoea under 2 years	11	5	1	6	6	...	1	17	11	1	1	12	5	17	6	7	13	18	12	30		
26. Appendicitis	1	...	3	1	2	...	2	2	...	1	...	1	1	1	...	3	1	2	...	3	...	3	1	8	1	9	4	1	5	12	2	14	
27. Other digestive dis.	...	2	1	1	...	...	1	1	4	6																																			

CAUSES OF DEATH IN ADMINISTRATIVE AREAS. 1947.

TABLE 6.

Causes of Death.	Ashby-de-la-Zouch U.D.		Ashby Woulds U.D.		Coalville U.D.		Hinckley U.D.		Lough-borough M.B.		Market Harborough U.D.		Melton Mowbray U.D.		Oadby U.D.		Shepshed U.D.		Wigston U.D.		Ashby-de-la-Zouch R.D.		Barrow-upon-Soar R.D.		Billesdon R.D.		Blaby R.D.		Castle Donington R.D.		Lutterworth R.D.		Market Bosworth R.D.		Market Harborough R.D.		Melton & Belvoir R.D.		Totals U.D.'s		Totals R.D.'s		Totals Whole County.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
Civilians only.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
All Causes.	51	35	20	21	190	126	207	190	202	192	57	53	71	73	41	32	46	27	89	75	87	61	240	244	33	30	200	178	49	49	56	57	146	133	61	52	107	111	974	824	979	915	3692																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																										
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2 Cerebro-spinal fever	1	1	1	...	1	1</

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